



Department
of Health

New York Independent Assessor (NYIA)

**Process Overview for Initial Assessments for
Immediate Need**

Local Departments of Social Services

Webinar Logistics

- All participants will remain muted throughout the presentation.
- Questions during the presentation can be submitted through the Q&A function.
- The presentation slides will be posted on the Department of Health's (Department) Independent Assessor (IA) [Trainings and Frequently Asked Questions](#) 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.
- 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.

NYIA and the Immediate Needs Process

- Beginning December 1, 2022, the New York Independent Assessor (NYIA) will conduct Community Health Assessments (CHA) and Clinical Appointments resulting in a Practitioner Order (PO) for individuals seeking personal care (PCS) and/or consumer directed personal assistance services (CDPAS) based on an immediate need for services.
- NYIA will only assess for services based on an immediate need for Adults 18 and over.
- For children (under 18 years of age), the LDSS will continue to follow the process outlined in [16 OHIP/ADM-02](#), in which a physician's order form ([DOH-4359](#) or [HCSP-M11Q](#)) is required with [DOH-5786](#) (formerly OHIP-0103) or OHIP-0103. The LDSS will also continue to perform the assessments for this population.
- The LDSS remains responsible for documentation review to determine that the individual has an immediate need for services; this process has not changed.

Immediate Need for PCS/CDPAS

- The process for a person to request PCS/CDPAS based on an immediate need begins with the individual providing documentation to the LDSS, including:
 - An Attestation of Immediate Need for PCS/CDPAS ([DOH-5786/OHIP-0103](#)) and
 - A Practitioner Statement of Need ([DOH-5779](#)) or Physician's Order ([DOH-4359/HCSP-M11Q](#)) from a practitioner who is familiar with the individual's condition.
- Where Medicaid eligibility for community based long term services has been established the submission of the Practitioner Statement of Need and Attestation of Need forms initiate the start of the LDSS' immediate need review.
- Where Medicaid eligibility for community based long term services has not been established, the applicant must also submit a completed Medicaid application to trigger immediate need processing.
- Please refer to [16 OHIP/ADM-02](#) for previous guidance on the immediate need process.

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Immediate Need for PCS/CDPAS

- The LDSS does not submit any documentation to NYIA other than the NYIA Expedited/Immediate Need Request form (i.e., [DOH-5786](#)/OHIP-0103 and [DOH-5779](#)).
- The LDSS continues to have no more than 12 calendar days from receipt of the [DOH-5786](#)/OHIP-0103 and [DOH-5779](#), and when applicable a completed Medicaid application, to refer the individual to the NYIA for an immediate need CHA and clinical appointment, review the outcome, develop a plan of care (POC) and authorize PCS and/or CDPAS as needed.
- Individuals may not bypass the LDSS when requesting immediate need processing for PCS and/or CDPAS. If an individual seeking PCS and/or CDPAS based on an immediate need self-refers to NYIA or is directed to NYIA by a discharge planner or other referral source, the Customer Service Representative (CSR) will direct the individual to contact their LDSS for immediate need processing.

Immediate Need Form Changes

- Attestation of Immediate Need Form ([DOH-5786](#)):
 - [DOH-5786](#), formerly OHIP-0103, has been updated to include references to the Practitioner Statement of Need form [DOH-5779](#) which is allowable for use by practitioners for adults 18 and over
 - [DOH-5786](#) continues to require that the individual attest to the following:
 - Their need for assistance
 - That they have no willing and available informal supports
 - That they are not currently served by a home care agency
 - That adaptive or assistive devices are not and cannot meet their needs and
 - They do not have any third-party insurance or Medicare available to pay for needed assistance
- **LDSS may continue to accept either DOH-5786 or OHIP-0103.**

DOH-5786 Form Changes (formerly OHIP-0103)

NEW YORK STATE DEPARTMENT OF HEALTH
Division of Program Development and Management

Immediate Need for Personal Care/Consumer Directed Personal Assistance Services Informational Notice and Attestation Form

IMMEDIATE NEED FOR PERSONAL CARE SERVICES/CONSUMER DIRECTED PERSONAL ASSISTANCE SERVICES

If you think you have an immediate need for Personal Care Services (PCS) or Consumer Directed Personal Assistance Services (CDPAS), such as housekeeping, meal preparation, bathing, or toileting, your eligibility for these services may be processed more quickly if you meet the following conditions:

- You have no informal caregivers available, able and willing to provide or continue to provide care;
- You are not receiving needed help from a home care services agency;
- You have no adaptive or specialized equipment or supplies in use to meet your needs; and
- You have no third party insurance or Medicare benefits available to pay for needed help.

If you don't already have Medicaid coverage, and you meet the above conditions, you may ask to have your Medicaid application processed more quickly by sending in: a completed Access NY Health Insurance Application (DOH-4220); the Access NY Supplement A (DOH-5178A), if needed; a **physician's order (DOH-4359 or HCSP-M11Q) or Practitioner Statement of Need (DOH-5779) for services (see NOTE below)**; and a signed "Attestation of Immediate Need" (page 3 of this notice).

If you already have Medicaid coverage that does not include coverage for community-based long term care services, you must send in a completed Access NY Supplement A (DOH-5178A); a **physician's order (DOH-4359 or HCSP-M11Q) or Practitioner Statement of Need (DOH-5779) for services (see NOTE below)**; and a signed "Attestation of Immediate Need" (page 3 of this notice).

If you already have Medicaid coverage that includes coverage for community-based long term care services, you must send in a **physician's order (DOH-4359 or HCSP-M11Q) or Practitioner Statement of Need (DOH-5779) for services (see NOTE below)** and a signed "Attestation of Immediate Need" (page 3 of this notice).

NOTE: If you are under 18 years of age, you must have a physician's order form (DOH-4359 or HCSP-M11Q). If you are 18 or older, you can have either a Practitioner Statement of Need form (DOH-5779) or a physician's order (DOH-4359 or M11Q).

If you don't already have Medicaid coverage or you have Medicaid coverage that does not include coverage for community-based long term care services: All of the required forms (see the appropriate list, above) must be sent to your local social services office or, if you live in NYC, to the Human Resources Administration (HRA). As soon as possible after receiving all of these forms, the social services office/HRA will then check to make sure that you have sent in all the information necessary to determine your Medicaid eligibility. If more information is needed, they must send you a letter, no later than four days after receiving these required forms, to request the missing information. This letter will tell you what documents or information you need to send in and the date by which you must send it. By no later than 7 days after the social service office/HRA receives the necessary information, they must let you know if you are eligible for Medicaid. By no later than 12 days after receiving all the necessary information, the social services office/HRA will also determine whether you could get PCS or CDPAS if you are found eligible for Medicaid. You cannot get this home care from Medicaid unless you are found eligible for Medicaid. If you are found eligible for Medicaid and PCS or CDPAS, the social services office/HRA will let you know and you will get the home care as quickly as possible.

DOH-5786 (11/22) Page 1 of 3

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If you already have Medicaid coverage that includes coverage for community-based long term care services:

The **physician's order (DOH-4359 or HCSP-M11Q) or Practitioner Statement of Need (DOH-5779)**, and the signed Attestation of Immediate Need must be sent to your local social services office or HRA. By no later than 12 days after receiving these required forms, the social services office/HRA will determine whether you can get PCS or CDPAS. If you are found eligible for PCS or CDPAS, the social services official/HRA will let you know and you will get the home care as quickly as possible.

The necessary forms may be obtained from your local department of social services or are available to be printed from the Department of Health's website at: http://www.health.ny.gov/health_care/medicaid/#apply

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NEW YORK STATE DEPARTMENT OF HEALTH
Division of Program Development and Management

Immediate Need for Personal Care/Consumer Directed Personal Assistance Services Informational Notice and Attestation Form

Attestation of Immediate Need for Personal Care Services/Consumer Directed Personal Assistance Services

I, _____ (Name)

attest that I am in need of immediate Personal Care Services or Consumer Directed Personal Assistance Services.

I also attest that:

- No voluntary informal caregivers are available, able and willing to provide or continue to provide needed assistance to me;
- No home care services agency is providing needed assistance to me;
- Adaptive or specialized equipment or supplies including but not limited to bedside commodes, urinals, walkers or wheelchairs, are not in use to meet, or cannot meet, my need for assistance; and
- Third party insurance or Medicare benefits are not available to pay for needed assistance.

I certify that the information on this form is correct and complete to the best of my knowledge.

SIGNATURE OF APPLICANT/ REPRESENTATIVE

DATE SIGNED

Individuals Receiving Long Term Care Services in a Nursing Home or Hospital Setting

If you are receiving long term care services in a nursing home or a hospital setting and intend to return home, you may have your eligibility for Personal Care Services or Consumer Directed Personal Assistance Services processed more quickly. Follow the directions on the previous page and fill in the information requested below.

I am in a nursing home or a hospital setting and have a date set to return home on _____

DATE

Contact me or my legal representative by calling _____

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DOH-5786 Changes – Page 1

If you don't already have Medicaid coverage, and you meet the above conditions, you may ask to have your Medicaid application processed more quickly by sending in: a completed Access NY Health Insurance Application (DOH-4220); the Access NY Supplement A (DOH-5178A), if needed; a physician's order (DOH-4359 or HCSP-M11Q) or Practitioner Statement of Need (DOH-5779) for services (see NOTE below); and a signed "Attestation of Immediate Need" (page 3 of this notice).

If you already have Medicaid coverage that does not include coverage for community-based long term care services, you must send in a completed Access NY Supplement A (DOH-5178A); a physician's order (DOH-4359 or HCSP-M11Q) or Practitioner Statement of Need (DOH-5779) for services (see NOTE below); and a signed "Attestation of Immediate Need" (page 3 of this notice).

If you already have Medicaid coverage that includes coverage for community-based long term care services, you must send in a physician's order (DOH-4359 or HCSP-M11Q) or Practitioner Statement of Need (DOH-5779) for services (see NOTE below) and a signed "Attestation of Immediate Need" (page 3 of this notice).

NOTE: If you are under 18 years of age, you must have a physician's order form (DOH-4359 or HCSP-M11Q). If you are 18 or older, you can have either a Practitioner Statement of Need form (DOH-5779) or a physician's order (DOH-4359 or M11Q).

DOH-5786 Changes – Page 2

If you already have Medicaid coverage that includes coverage for community-based long term care services:

The physician's order (DOH-4359 or HCSP-M11Q) or Practitioner Statement of Need (DOH-5779), and the signed Attestation of Immediate Need must be sent to your local social services office or HRA. By no later than 12 days after receiving these required forms, the social services office/HRA will determine whether you can get PCS or CDPAS. If you are found eligible for PCS or CDPAS, the social services official/HRA will let you know and you will get the home care as quickly as possible.

The necessary forms may be obtained from your local department of social services or are available to be printed from the Department of Health's website at: http://www.health.ny.gov/health_care/medicaid/#apply

Immediate Need - New Form

- Practitioner Statement of Need ([DOH-5779](#)):
 - The previous directive ([16 OHIP/ADM-02](#)) required a physician order for immediate need processing. Because the physician order process is replaced with the NYIA Practitioner Order, which occurs *after* the CHA, regulations now only require a Practitioner Statement of Need for the LDSS to process a request for services based on an immediate need.
 - The new form, [DOH-5779](#), only requires an MD, DO, NP, PA or specialist assistant certify they have direct knowledge of the patient's condition and in their opinion the patient is in need of PCS and/or CDPAS.
 - **For purposes of approving a request for services based on an immediate need, the [DOH-4359](#) or [HCSP-M11Q](#) may still be accepted by the LDSS.**
 - **NOTE:** if presenting with a [DOH-4359/HCSP-M11Q](#) for immediate need, the individual will still be required to undergo a NYIA clinical appointment and have a Practitioner Order completed by NYIA in order to obtain services.

Immediate Need - New Form DOH-5779

- The Practitioner Statement of Need form, [DOH-5779](#), will be live on the Department's website for use by November 29, 2022
- The link to the form will be located at www.health.ny.gov/forms under "[Medicaid/Application](#)" in the Frequently Asked Question "If I have an immediate need for PCS or CDPAS...."
- The Practitioner Statement of Need can be accepted by the LDSS for use in the determination of immediate need **for adults 18 and over** on or after December 1, 2022

DOH-5779

**Practitioner Statement of Need for Personal Care/
Consumer Directed Personal Assistance Services
For Adults 18 and Over (for Immediate Needs)**

NEW YORK STATE DEPARTMENT OF HEALTH
Division of Program Development and Management

This form is intended for adult patients (age 18 or older) who have an immediate need for personal care and/or consumer directed personal assistance services. This includes care in the home to ensure continued patient safety through aide assistance with activities of daily living (ADLs) and/or instrumental activities of daily living (IADLs).

For patients under age 18, practitioners cannot use this form and instead must continue to complete the Physician's Order for Personal Care/Consumer Directed Personal Assistance Services form (DOH-4359 or HCSP-M11Q).

Complete All Items **Incomplete forms will be returned to the practitioner**

1. Patient Identifying Information

Last Name		First Name	
Date of Birth	Medicaid CIN	Social Security Number	Telephone Number
Address: Street			
Address: City		State	ZIP Code

2. Practitioner Information

Last Name		First Name	
License #	Profession (MD, DO, NP, PA, SA)	Telephone Number	
Address: Street			
Address: City		State	ZIP Code

I, the undersigned practitioner, certify I have direct knowledge of the patient's condition and it is my opinion that they are in need of personal care and/or consumer directed personal assistance services.

Practitioner Signature _____
Date Signed

Instructions

Complete all items. Incomplete forms will be returned to the practitioner. Incomplete or missing information may delay services to this patient.

1. Patient Identifying Information

- **Last Name.** Enter the patient's last name.
- **First Name.** Enter the patient's first name.
- **Telephone Number.** Enter the patient's telephone number.
- **Date of Birth.** Enter the patient's date of birth.
- **Medicaid CIN.** Found on the patient's Medical Assistance ID card.
- **Social Security Number.** Enter the patient's social security number.
- **Address.** Enter the patient's address.

2. Practitioner's Information. Enter information for the practitioner signing the order. The medical professional must be a physician licensed in accordance with article 131 of the Education Law, a physician assistant or a specialist assistant registered in accordance with article 131-B of the Education Law, or a nurse practitioner certified in accordance with article 139 of the Education Law. Enter the practitioner's license number as issued by the New York State Department of Education.

3. Practitioner's Signature/Date Signed. The signature of the practitioner identified in item 2. Note that by signing this document, the practitioner certifies that they have direct knowledge of the patient's condition and that the patient is in need of personal care and/or consumer directed personal assistance services.

4. Return Form To:

- A. The Patient.** The practitioner may provide the form directly to the patient to include with the other information required for immediate need of personal care and/or consumer directed personal assistance services to be submitted to their Local Department of Social Services.
- B. The Local Department of Social Services.** This form may be faxed directly to the Local Department of Social Services if the form is provided to the practitioner with the information filled out below.

County Name _____
Fax Number

DOH-5779 Introductory Information

NEW YORK STATE DEPARTMENT OF HEALTH
Division of Program Development and Management

Practitioner Statement of Need for Personal Care/ Consumer Directed Personal Assistance Services For Adults 18 and Over (for Immediate Needs)

This form is intended for adult patients (age 18 or older) who have an immediate need for personal care and/or consumer directed personal assistance services. This includes care in the home to ensure continued patient safety through aide assistance with activities of daily living (ADLs) and/or instrumental activities of daily living (IADLs).

For patients under age 18, practitioners cannot use this form and instead must continue to complete the Physician's Order for Personal Care/Consumer Directed Personal Assistance Services form (DOH-4359 or HCSP-M11Q).

Complete All Items

Incomplete forms will be returned to the practitioner

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DOH-5779 Section 1 – Patient Information

1. Patient Identifying Information

Last Name		First Name	
Date of Birth	Medicaid CIN	Social Security Number	Telephone Number
Address: Street			
Address: City		State	ZIP Code

DOH-5779 Section 2 – Practitioner Information

2. Practitioner Information

Last Name	First Name	
License #	Profession (MD, DO, NP, PA, SA)	Telephone Number
Address: Street		
Address: City	State	ZIP Code

DOH-5779 Instructions – Sections 1 and 2

1. Patient Identifying Information

- **Last Name.** Enter the patient's last name.
- **First Name.** Enter the patient's first name.
- **Telephone Number.** Enter the patient's telephone number.
- **Date of Birth.** Enter the patient's date of birth.
- **Medicaid CIN.** Found on the patient's Medical Assistance ID card.
- **Social Security Number.** Enter the patient's social security number.
- **Address.** Enter the patient's address.

2. Practitioner's Information. Enter information for the practitioner signing the order. The medical professional must be a physician licensed in accordance with article 131 of the Education Law, a physician assistant or a specialist assistant registered in accordance with article 131-B of the Education Law, or a nurse practitioner certified in accordance with article 139 of the Education Law. Enter the practitioner's license number as issued by the New York State Department of Education.

DOH-5779 Practitioner Signature

I, the undersigned practitioner, certify I have direct knowledge of the patient's condition and it is my opinion that they are in need of personal care and/or consumer directed personal assistance services.

Practitioner Signature

Date Signed

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DOH-5779 Instructions – Signature and Form Return

3. Practitioner’s Signature/Date Signed. The signature of the practitioner identified in item 2. Note that by signing this document, the practitioner certifies that they have direct knowledge of the patient’s condition and that the patient is in need of personal care and/or consumer directed personal assistance services.

4. Return Form To:

A. The Patient. The practitioner may provide the form directly to the patient to include with the other information required for immediate need of personal care and/or consumer directed personal assistance services to be submitted to their Local Department of Social Services.

B. The Local Department of Social Services. This form may be faxed directly to the Local Department of Social Services if the form is provided to the practitioner with the information filled out below:

County Name

Fax Number

November 2022

Assessment Request Process

November 2022

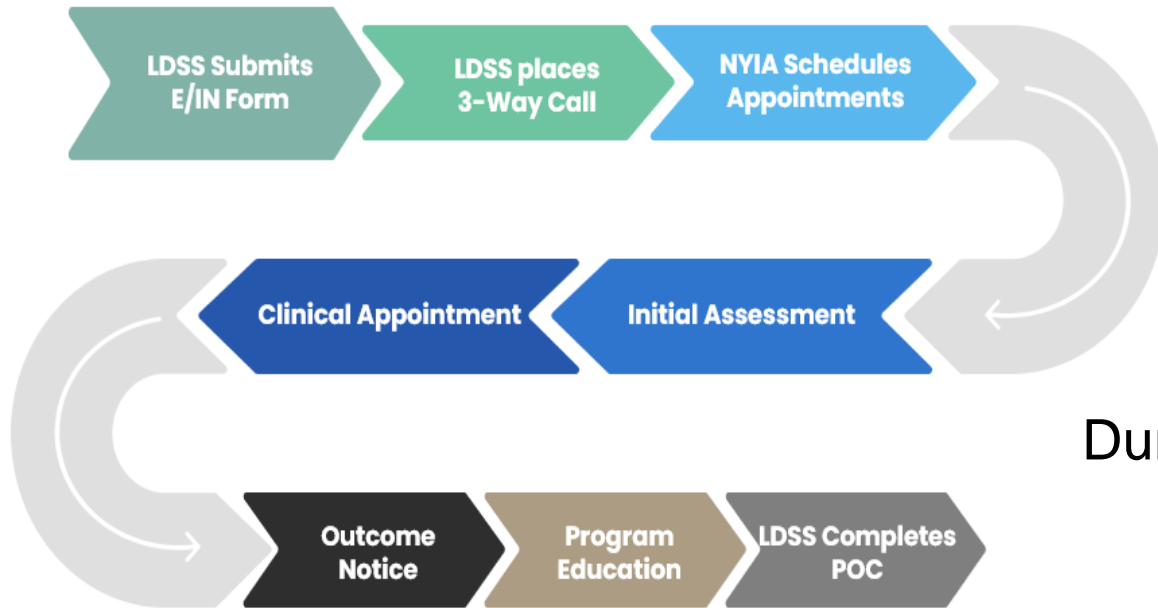
LDSS Requests Immediate Need Assessment

To initiate the Immediate Need process with NYIA, the LDSS must:

- complete an Expedited/Immediate Need Assessment Request form via a secure URL and
- place a 3-way call with the consumer and the NYIA Operational Support Unit (OSU) after receiving the confirmation email from NYIA which is auto-generated when the form has been submitted.

During the call, the NYIA OSU will:

- confirm receipt of the Expedited/Immediate Need Assessment Request form (NOTE: LDSS must submit a completed form prior to calling OSU) and
- schedule both the Initial Assessment and the Clinical Assessment to be completed within six calendar days of the call.



LDSS Submits Expedited/Immediate Need Request Form

- The web-based form will be completed and submitted electronically through a secure URL.
- The purpose of this form is for LDSS to initiate a request to NYIA for an immediate need assessment/clinical appointment on behalf of an individual.
- To request the secure URL to access and complete the form, send an email to NYIAHPA@maximus.com

SECTION 1. MANAGED CARE ORGANIZATION / LOCAL DEPARTMENT OF SOCIAL SERVICES CONTACT INFORMATION

MCO/LDSS Name	
MCO/LDSS Contact Name	
Contact Email Address	Contact Telephone Number

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	

AUTHORIZED REPRESENTATIVE (IF APPLICABLE)

Last Name	First Name	MI	Relationship to Individual
Address (No. and Street)		City	State ZIP Code
Telephone Number <input type="checkbox"/> Landline <input type="checkbox"/> Mobile		Email Address	

A legally authorized representative for the purpose of sharing health information is defined as "a person or agency authorized by state, tribal, military or other applicable law, court order or consent to act on behalf of a person for the release of medical information."

SECTION 3. EXPEDITED/IMMEDIATE NEED ASSESSMENT REQUEST INFORMATION

Date Expedited/Immediate Need Assessment Request Submitted to New York Independent Assessor (MM/DD/YYYY)	MCO/LDSS Authorization Name (please print) _____ Signature _____
-----------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------

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LDSS Receives Confirmation Email

The auto-generated email confirmation from NYIA will read as follows:

Thank you for submitting the Expedited/Immediate Need Assessment Request Form to the New York Independent Assessor (NYIA). This email is to confirm that the form has been received and to provide next steps.

Next Steps:

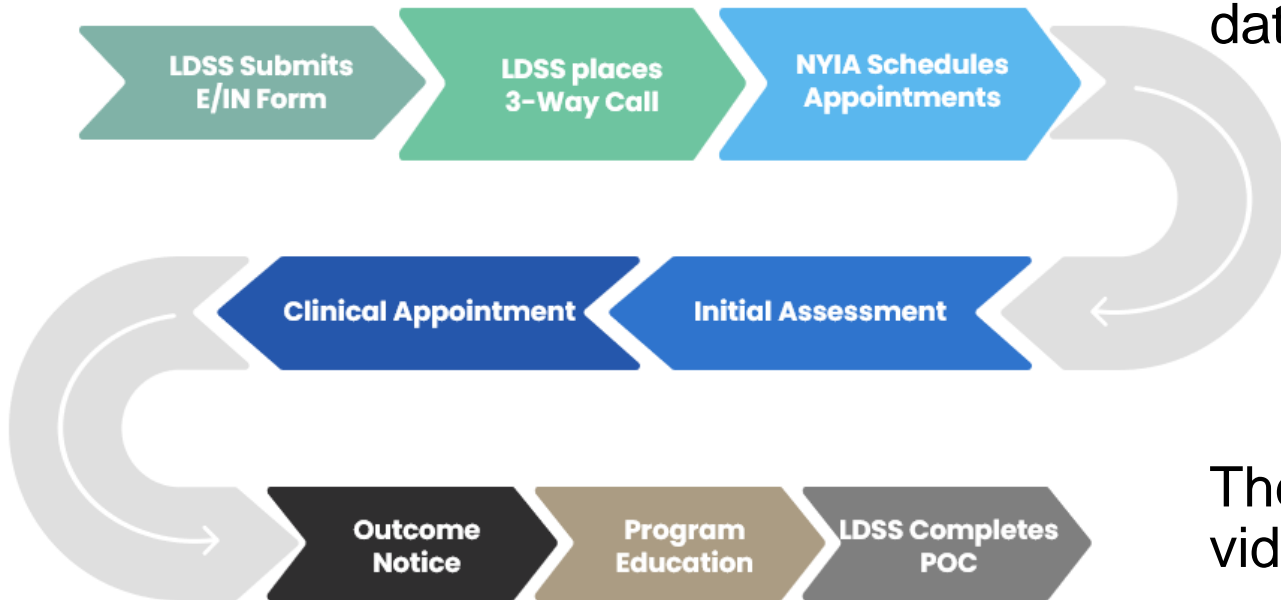
You must contact NYIA Operations Support Unit (OSU) at 855-665-6942 **with the individual and/or their authorized representative on the line** to schedule a NYIA Expedited or Immediate Need Assessment and Clinical Appointment.

Contact Us:

NYIA OSU: **1-855-665-6942**

Monday to Friday from 8am to 7pm and Saturday from 10am to 6pm

NYIA Schedules Appointment



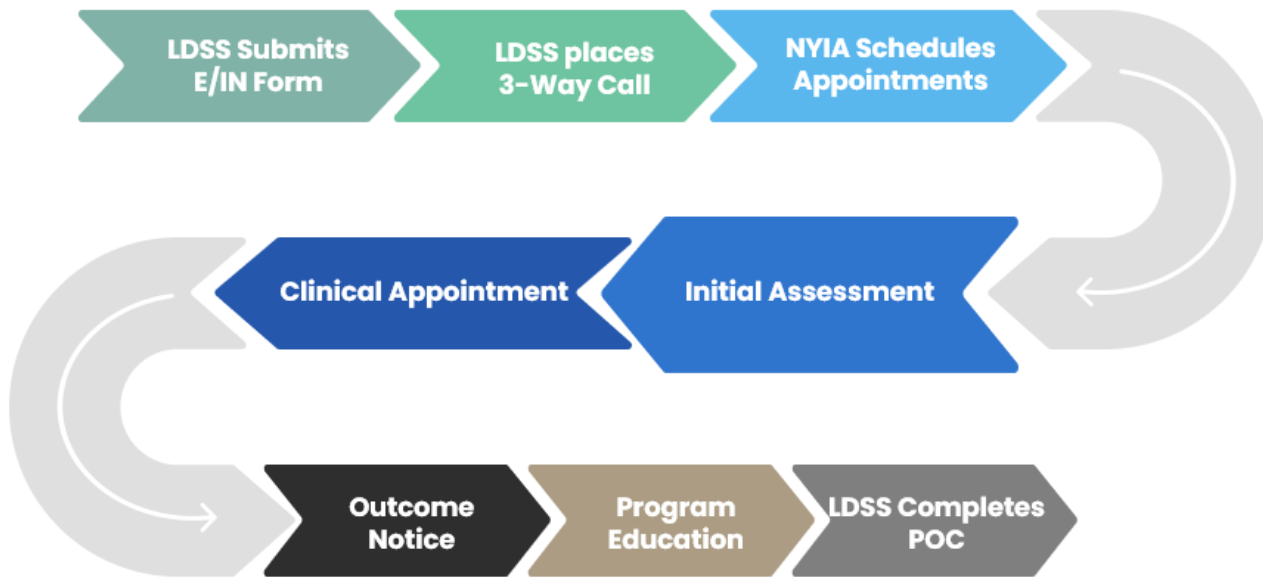
When the LDSS calls OSU with the consumer on the line, the OSU Coordinator will schedule both appointments within 6 calendar days of the date of the call.

- The Community Health Assessment will be conducted by a Nurse Assessor
- The Clinical Appointment will be conducted by a MD, DO, NP, PA, or Specialist Assistant who will complete a Practitioner's Order (PO)

The consumer may choose either Zoom video or in-person meeting modality.

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Initial Assessment

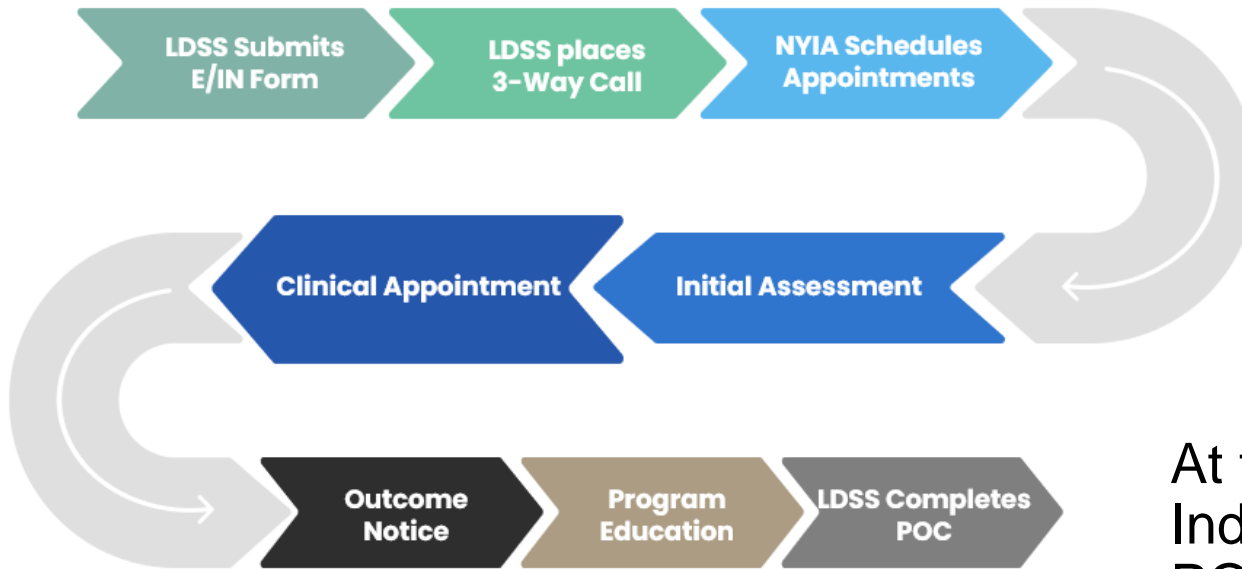


The Nurse Assessor will conduct a reminder call prior to the scheduled assessment appointment to prepare the consumer for the appointment. This may include:

- Preparing the consumer to use Zoom (for video appointments)
- Reminding the consumer to have their Medicaid card, medications, etc. readily available

At the appointment, the Nurse Assessor will complete the assessment in the UAS-NY.

Clinical Appointment



A Clinical Appointment is conducted by an Independent Practitioner and consists of:

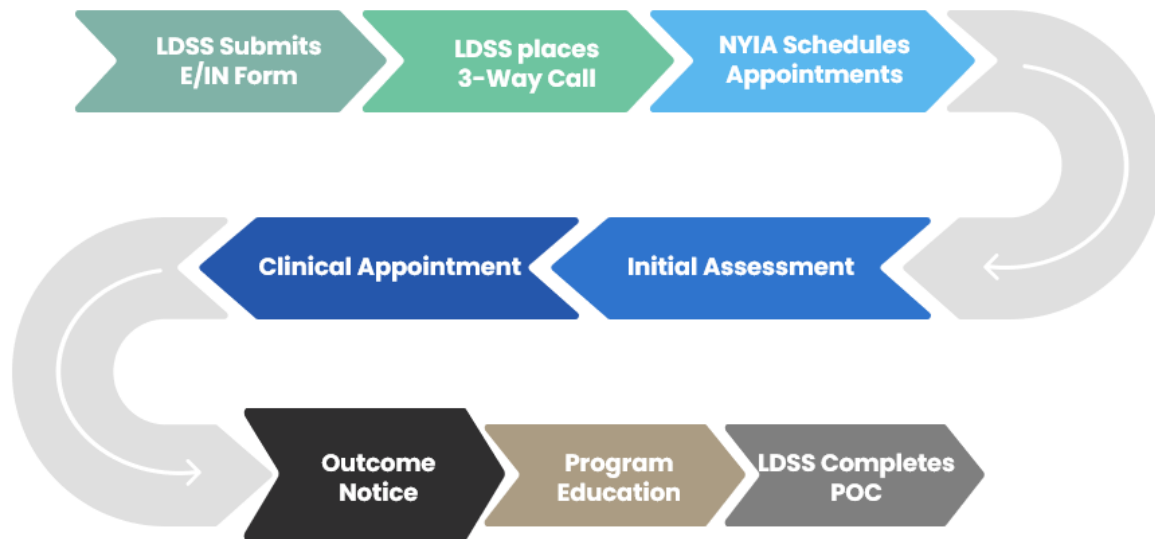
- Examining the consumer and conferring with any other providers, if necessary
- Reviewing the CHA in the UAS-NY
- Determining if the consumer is self-directing or has an appropriate self-directing caregiver
- Determining if the consumer can safely receive PCS/CDPAS at home, based on their medical stability

At the completion of the Clinical Appointment, the Independent Practitioner will complete the PO indicating whether the consumer is medically stable to receive PCS/CDPAS safely in their home or community and upload the completed PO form to the UAS-NY.

“Interrupted” and “No-show” Appointments

- If an assessment is interrupted and cannot be concluded, or if the consumer does not attend the assessment, NYIA will continue to follow existing protocol to make three attempts within 24 hours to contact the consumer to reschedule the appointment.
- If the consumer is unreachable after three outreach attempts, NYIA will notify the LDSS via a new report to advise that the consumer is not reachable after three attempts.
- If the nurse assessor or clinician does not attend the appointment, the LDSS can contact the NYIA Operational Support Unit (OSU) to reschedule. NYIA OSU will also make three attempts to contact the consumer to reschedule.

Outcome Notice

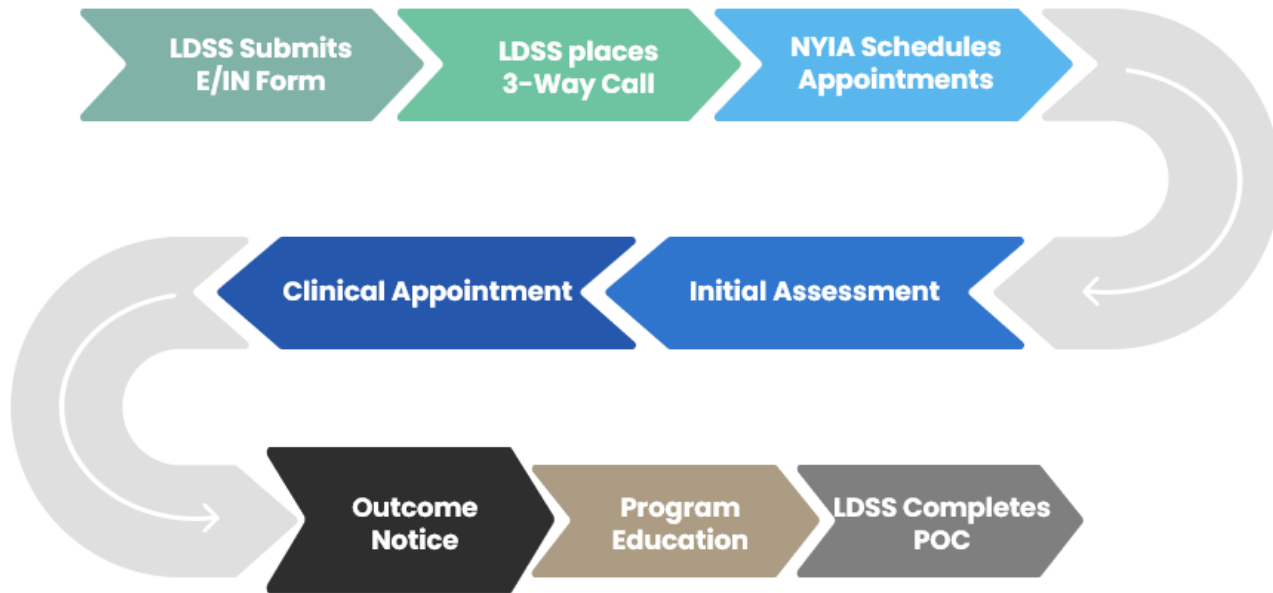


Once both the Initial Assessment and Clinical Appointment are completed, the consumer will receive a written notice from NYIA informing them of the outcome of the assessment and clinical exam.

The outcome notice will advise the consumer of their eligibility for PCS/CDPAS and their MLTC plan options (if appropriate).

If it was determined that the consumer's condition is not stable to receive PCS/CDPAS in the home, the written notice will so indicate and include information about their right to a conference and Fair Hearing.

Outcome Notice (cont.)



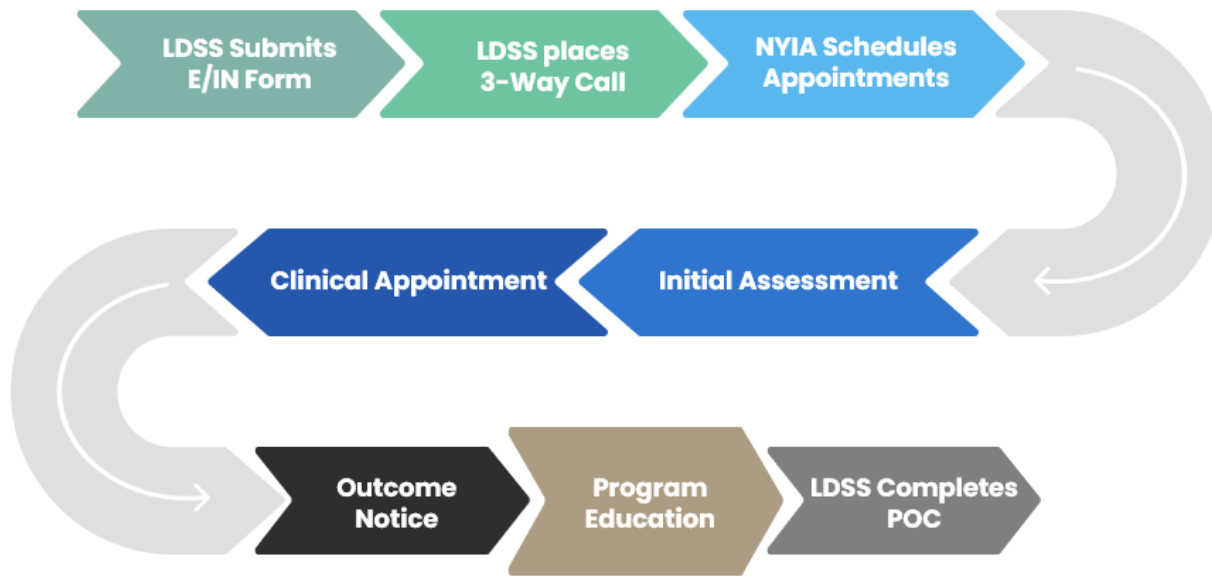
CHA and PO outcomes are available to the LDSS via either the UAS-NY Data Exchange or UAS-NY Reports.

NOTE: This process has not changed.

LDSS will also be able to find outcomes in the daily outcome reports.

November 2022

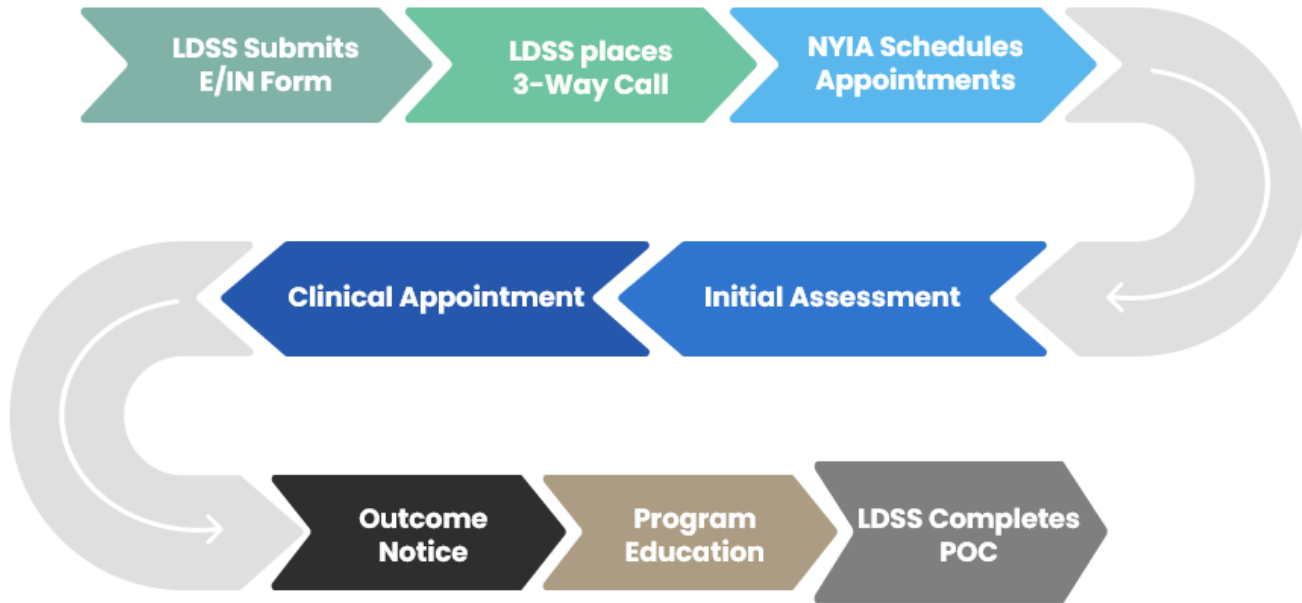
Program Education



Key messaging in the outcome notice encourages the consumer to call the NYIA Helpline.

The NYIA Helpline will refer the individual back to their LDSS for continuation of the immediate need processing and plan of care development.

LDSS Completes Plan of Care



The LDSS will use the CHA and PO posted on UAS-NY to develop the plan of care with the consumer.

Immediate Needs - Independent Review Panel

- For immediate need cases, the Independent Review Panel (IRP) review is still required if the plan of care calls for more than 12 hours per day, on average, of PCS and/or CDPAS
- In the event the IRP review would impair the LDSS's ability to authorize services pursuant to an immediate needs review, the LDSS must authorize the proposed plan of care on a temporary basis to meet the 12 calendar day deadline, pending review of the IRP recommendation. Services of more than 12 hours per day on average may be provided under a temporary plan of care due to the immediate need. Upon receipt of the IRP recommendation, the LDSS will finalize the plan of care and issue an initial determination notice.

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Immediate Needs – CHA Variance

- LDSS may still request a CHA Variance for assessments conducted based on an immediate need for PCS/CDPAS
- Request for a Variance review must be included in the 12-day timeframe for completing the immediate need process. The request for a Variance does not stop the clock or provide the LDSS with additional time to develop and implement a plan of care

Reporting Process

November 2022

Reports

New York Independent Assessor (NYIA) has developed 6 reports for the Local Department of Social Services (LDSS) for NYIA conducted initial assessments:

1. Appointments Scheduled Next 30 days (based on calendar days)
2. CHA Appointment Outcomes
3. PO Appointment Outcomes
4. Variance Report
5. IRP Requests
6. Fast Track Appointment Status Report (new - daily)

Note: The reports will be updated to include the Immediate Need cases.

How to Request Access to NYIA Reports

- The New York Independent Assessor reports are located on Maximus Secure File Transfer Portal, known as MOVEit.
- Each LDSS determines who from their agency will have access to their reports and submits a request for access to NYIA.
- If the LDSS needs to request access to MOVEit, they will continue to follow existing process and send an email to NYIAHPA@maximus.com. In the email, they will need to include the following:
 - Name
 - Email Address
 - County
 - The name of each report:
 - Appointments Scheduled Next 30 Days
 - CHA Appointment Outcomes
 - PO Appointment Outcomes
 - Variance Report
 - IRP Requests
 - Fast Track Appointment Status Report (new)

How to Request Access to NYIA Reports (Cont.)

- NYIA will notify the LDSS once the new account has been created with instructions on how to create a password.
- Each LDSS has access to only their folders and reports.

Note: MOVEit users must log into their account at least once every 30 days or the account will become inactive. If the user fails to log on to MOVEit after 30 days and this occurs, a new request will need to be submitted to reactivate the account. MOVEit access is restored within 1 business day.

Scheduled Initial Assessment Report

- **Name of Report:** Appointments Scheduled Next 30 Days
- **Frequency report generated:** Every Monday by noon
- **Summary of report:** The report will provide each LDSS with a list of FFS individuals who have an initial assessment (Community Health Assessment (CHA) and Clinical Appointment) scheduled within the next 30 calendar days. The report will only include FFS individuals who are not enrolled in a MMCO.
- **Report Update:** The report will include an “Appointment Reason” column containing information on Immediate Need individuals.
- **What will LDSS use report for:** This county-specific report will provide each LDSS with a list of scheduled community health assessments and clinical appointment within the next 30 calendar days for Fee For Service (FFS) individuals. These individuals may contact the LDSS to request services and for development of their POC when the individual has completed the CHA and CA appointments. The LDSS may also use this report to track changes to Immediate Needs appointments.

Sample of the Appointments Scheduled Next 30 Days

<u>CIN</u>	<u>Name</u>	<u>SSN</u>	<u>County</u>	<u>Appt ID</u>	<u>Appt Type</u>	<u>Appt Reason</u>	<u>Appt Scheduled Date</u>
AB12345C	Dolly	123-45-6789	Nassau	1234	Initial CHA	FFS MA-only seeking CBLTSS	3/9/2022
AG56789C	Fred	987-65-4321	Suffolk	5678	Clinical Appointment	Immediate Need	3/16/2022

Notes:

- Appt Reason – This represents a description of the consumer and their reason for contacting Maximus (FFS MA - only seeking CBLTSS, FFS – Dual seeking CBLTSS, Immediate Need)

Initial CHA Appointment Outcome Report

- **Name of Report:** CHA Appointment Outcome Report
- **Frequency report generated:** Daily
- **Summary of report:** The report will provide each LDSS a list of FFS individuals for whom NYIA completed an Initial Community Health Assessment (CHA) Appointment
- **Report Update:** The report will include an “Appointment Reason” column containing information on Immediate Need individuals.
- **What will LDSS use report for the Immediate Need process:** The report will provide each LDSS with a list of FFS individuals in their county who have completed the CHA. The LDSS can use this report to identify individuals who may contact them to develop a plan of care once their PO has been completed.

Sample of the CHA Appointment Outcome Report

<u>CIN</u>	<u>Name</u>	<u>SSN</u>	<u>County</u>	<u>Appt ID</u>	<u>Appt Type</u>	<u>Appt Reason</u>	<u>Appt Scheduled Date</u>	<u>Assessment Status</u>	<u>Reason Description</u>
AB12345C	Dolly	123-45-6789	Nassau	9768	Initial CHA	FFS MA-only seeking CBLTSS	3/9/2022	Qualified	Need >120 LTC + meet ILOC
AG56789C	Fred	987-65-4321	Suffolk	3401	Initial CHA - Fast Track	Immediate Need	3/15/2022	Unqualified	Consumer does not require services for at least 120 days

Notes:

- Appt Type – This represents the type of CHA appointment (Initial CHA, Initial CHA – Fast Track)
- Appt Reason – This represents a description of the consumer and their reason for contacting Maximus (FFS MA - only seeking CBLTSS, FFS – Dual seeking CBLTSS, Immediate Need)
- Assessment Status – This represents the outcome of the CHA appointment for MLTC eligibility (Qualified, Unqualified)

Initial PO Outcomes Report

- **Name of Report:** PO Appointment Outcomes Report
- **Frequency report generated:** Daily
- **Summary of report:** The report will provide each LDSS with a list of FFS individuals for whom NYIA completed the Clinical Appointment and issued a Practitioner's Order
- **Report Update:** The report will include an "Appointment Reason" column containing information on Immediate Need individuals.
- **What will LDSS use report for the Immediate Need Process:** For immediate need, this indicates that the assessments process is complete and the PO has been uploaded to the UAS-NY.

Sample of the PO Appointment Outcomes Report

<u>CIN</u>	<u>Name</u>	<u>SSN</u>	<u>County</u>	<u>Appt ID</u>	<u>Appt Type</u>	<u>Appt Reason</u>	<u>Appt Scheduled Date</u>	<u>Assessment Outcome</u>
AB12345C	Dolly	123-45-6789	Nassau	4798	Clinical Appointment	FFS MA-only seeking CBLTSS	3/15/2022	Individual medical condition is stable
AG56789C	Fred	987-65-4321	Suffolk	5678	Clinical Appointment	Immediate Need	3/16/2022	Individual medical condition is not stable

Notes:

- Appt Reason – This represents a description of the consumer and their reason for contacting Maximus (FFS MA - only seeking CBLTSS, FFS – Dual seeking CBLTSS, Immediate Need)
- Assessment Outcome – This represents the result of the PO Appointment (Individual medical condition is stable, Individual medical condition is not stable)

Variance Report (on completed Initial Assessments)

- **Name of Report:** Variance Report
- **Frequency report generated:** Every Monday by noon
- **Summary of Report:** The report provides each LDSS a list of individuals for whom the LDSS has requested a variance review on and the status update on those reviews
- **Report Update:** The report will include an “Appointment Reason” column containing information on Immediate Need individuals.
- **What will LDSS use report for:**
 - track the variance review request submitted to NYIA and the outcome
 - reconcile their internal variance request and,
 - as applicable, initiate modifications to the POC

Sample of the Variance Report (on completed Initial Assessments)

<u>Creation Date</u>	<u>CIN</u>	<u>Name</u>	<u>County</u>	<u>Appt Reason</u>	<u>Tracking #</u>	<u>Variance Reason</u>	<u>Status</u>	<u>Status Date</u>	<u>New Assessment Date</u>
3/25/2022	AB12345C	Dolly	Nassau	FFS MA-only seeking CBLTSS	123456789	Identification Information	Upheld	4/5/2022	TBD
3/28/2022	AG56789C	Fred	Suffolk	Immediate Need	456789012	Communication and Vision	Overtured	4/8/2022	

Notes:

- Status – This represents the result of variance review (CHA Upheld, CHA Overtured, Withdrawn by LDSS)

IRP Requests Report (on completed Initial Assessments)

- **Name of Report:** IRP Request
- **Frequency report generated:** Every Monday by noon
- **Summary of Report:** The report provides each LDSS a list of individuals who the LDSS has requested an IRP request on and the status update on those reviews
- **Report Update:** The report will include an “Appointment Reason” column containing information on Immediate Need individuals.
- **What will LDSS use report for:**
 - track the IRP review request submitted to NYIA and the outcome of the IRP request
 - reconcile their internal IRP request and,
 - as applicable, initiate modifications to the POC

Sample of the IRP Report (on completed Initial Assessments)

<u>IRP Tracking #</u>	<u>CIN</u>	<u>Name</u>	<u>County</u>	<u>Date IRP Submitted</u>	<u>Appt Reason</u>	<u>IRP Status</u>	<u>Recommendation Signed Date</u>	<u>CPR Appt ID</u>	<u>CPR Appt Create Date</u>	<u>CPR Appt Start Date/Time</u>	<u>CPR Appt Status</u>
1	AB12345C	Dolly	Nassau	6/13/2022	FFS - Dual seeking CBLTSS	Ready for Panel Review					
2	AG56789C	Fred	Suffolk	6/14/2022	Immediate Need	Recommendation uploaded to UAS	6/15/2022				

Notes:

- Appt Reason – This represents a description of the consumer and their reason for contacting Maximus (FFS MA - only seeking CBLTSS, FFS – Dual seeking CBLTSS, Immediate Need)
- IRP Status – This represents the status of the Independent Review request (Ready for Panel Review, Panel Review Complete, Recommendation Complete, Recommendation uploaded to UAS)
- Care Plan Review (CPR) – A Care Plan Review (CPR) appointment is only scheduled if the panel decides that the CHA, PO Form, and any supporting documents do not provide enough information or need clarification, and there is a need for additional consultation with the consumer or one of the consumer's healthcare providers before making any recommendation on the plan of care

Fast Track Appointment Status Report - NEW

- **New Report For Immediate Needs Cases Only**
- **Name of Report:** Fast Track Appointment Status Report
- **Frequency report generated:** Daily
- **Summary of report:** The report will provide each LDSS a list of FFS Immediate Need individuals whose CHA or CA appointment is in No Show, Canceled, or Interrupted status.
- **What will LDSS use report for:** This report will notify the LDSS whenever the consumer's appointment status changes to one of these three statuses.

Sample of the Fast Track Appointment Status Report

<u>CIN</u>	<u>Name</u>	<u>SSN</u>	<u>County</u>	<u>Appt ID</u>	<u>Appt Type</u>	<u>Appt Reason</u>	<u>Appt Scheduled Date</u>	<u>Appointment Status</u>
AB12345C	Dolly	123-45-6789	Nassau	9768	Initial CHA	Immediate Need	12/9/2022	Interrupted
AG56789C	Fred	987-65-4321	Suffolk	3401	Clinical	Immediate Need	12/15/2022	No Show

November 2022

Questions and Answers

Immediate Need Assessments



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