New York Independent Assessor & Other Medicaid Changes re Long Term Care

Immediate need and expedited prior authorizations through Mainstream requests now delayed to 10/1/22

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New York Legal Assistance Group

ABOUT NYLAG

The New York Legal Assistance Group (NYLAG) is a leading non-profit that provides free civil legal services, financial counseling, and engages in policy advocacy efforts to help people experiencing poverty.

The Evelyn Frank Legal Resources Program (EFLRP) at NYLAG focuses on access to Medicaid for older people and people with disabilities for long term care.

https://nylag.org/evelyn-frank-legal-resources/

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Presentation Roadmap

- MRT II Changes – Status of Implementation
- What is the Independent Assessor?
- When does it start?
- Who does it affect?
- How does it work?
- Advocate Concerns & Strategies
- Acronyms & Complaints

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3 MRT II Changes Enacted in 2020 - Status

Medicaid Redesign Team II Change	When does it Start?
Independent Assessor for Personal Care services (PCS) & Consumer Directed Personal Assistance (CDPAP) "NYIA" will be Phased in	May 16, 2022 – MLTC enrollment, *standard* managed care and DSS requests October 1, 2022 – Immediate Need, *expedited* managed care requests Not yet scheduled – annual reassessments, requests for increases in hours, NH/hospital discharges
New minimum 3 ADLs required for eligibility for PCS & CDPAP (2 ADLS if dementia)(Slides at end)	DELAYED: CANNOT START UNTIL the next quarter after Public Health Emergency ends. If not extended, PHE ends July 2022 so earliest start date for these is 10/1/2022 – or later – see next slide. http://www.wnylc.com/health/news/86/#2.%20NYS%20Medicaid%20Policies%20-%20MOE
30-Month LOOKBACK for MLTC enrollment and all Requests for PCS and CDPAP (not covered in this slide deck)	

Possible further delay for Lookback and 3-ADL Threshold for PCS/CDPAP

- **Lookback** is a barred by FFCRA Maintenance of Effort rule until the quarter after the Public Health Emergency ends.* Now that would be 10/1/22, but if the PHE is extended again as expected, then lookback could not start til 1/1/23, or later if extended again.
- **3-ADL threshold for PCS/CDPAP** is under separate ARPA Maintenance of Effort rule** – State may not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021. That lasts until NYS spends the ARPA funds which was just extended til **Mar. 31, 2025. Does ARPA also require postponement of lookback??**

*States must apply Medicaid eligibility standards, methodologies, and procedures that are no more restrictive than those in effect on January 1, 2020. https://www.kff.org/medicaid/issue-brief/medicaid-maintenance-of-eligibility-moe-requirements-issues-to-watch/

**American Rescue Plan Act of 2021 https://www.medicaid.gov/federal-policy-guidance/downloads/smd21003.pdf ; https://www.cms.gov/newsroom/press-releases/hhs-extends-american-rescue-plan-spending-deadline-states-expand-and-enhance-home-and-community

Reference: Regulations, Guidance, Websites

- **New NYS DOH NYIA website - https://www.health.ny.gov/health_care/medicaid/redesign/nyia/**
- **Document Repository tab on site has links to NYIA Policies**
  1. **Regulations - Amended Personal Care & CDPAP 18 NYCRR 505.14 & 505.28**
  2. **DSS - 22 OHIP/ADM-01 (4/20/22) but Immediate Need delayed until 10/1/22 (GIS 22 MA/05 6/17/22)**
  3. **MLTC - MLTC Policy 22.01 4/27/22**
  4. **Mainstream Managed Care – Guidance 4/28/22 (mostly people without Medicare or other primary insurance) –with 6/17/22 update delaying expedited requests til 10/1/22**
- **Trainings tab has many PowerPoints DOH presented to plans and Local DSS**
- **2nd New NYIA website – https://nyia.com/en (also can choose Spanish) has FAQs (more on this later)**
- **NYMC website - https://nymedicaidchoice.com/ask/do-i-qualify-managed-long-term-care**

Complaints to the DOH about NYIA

Send to BOTH:

1. **Independent.assessor@health.ny.gov**
   (518) 474-5888
2. **And appropriate DOH Complaint Unit – either:**
   - **MLTC DOH Complaint Unit**
     1-866-712-7197 mltctac@health.ny.gov
     OR
   - **MMC (Mainstream)- DOH Complaint Unit**
     managedcarecomplaint@health.ny.gov
     1–800–206–8125
   - **DSS has no DOH complaint unit so just send to #1**

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WHAT, WHEN, WHO?

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What is the New York Independent Assessor (NYIA)?

- **Replaces CFEEC for MLTC enrollment but also --**
- **Medicaid recipients outside MLTC must be assessed and found eligible by NYIA to get Personal Care (PCS) and Consumer Directed Personal Care Services (CDPAP) - whether through a Managed Care Plan (MMC) or the local DSS.**
- **MORE STEPS – CFEEC was just 1 nurse assessment. NYIA is 2 and sometimes 3 assessments.**
- **MORE OFTEN – Once phased in, this round of assessments will be required for annual reassessments and all requests for increases – for MLTC, mainstream managed care AND DSS!**
- **WHO - NYS Department of Health has contracted with Maximus Health Services, Inc. (Maximus *a/ka/* NY Medicaid Choice) to implement the New York Independent Assessor (NYIA) and conduct the assessments.**

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Three Pathways to Personal Care & CDPAP – NYIA Assessments being phased in for all

1. **MLTC – 5/16/22 – New Enrollees Only – replaces the Conflict-free Assessment (CFEEC) to assess eligibility to enroll in MLTC or Medicaid Advantage Plus (MAP)**
   - **Later date TBA – annual reassessments (changed from every 6 months) &**
   - **Requests for increases or hospital/nursing home discharge for current MLTC enrollees**
2. **Local DSS/HRA - PCA/CDPAP if age 18+**
   - **5/16/22 - *New Requests* for people exempt or excluded from MLTC or mainstream Medicaid Managed Care including:**
     - **Those enrolled In HOME HOSPICE, OPWDD, TBI or NHTD waivers (may not join MLTC)**
     - **Adults age 21+ with Medicaid but not Medicare, including those with a spend-down (may but do not have to join MLTC)**
     - **People ages 18-21 – may join MLTC if need nursing home level of care**
   - **10/1/22 - Immediate Need applications if age 18+**
   - **TBA – annual reassessments, requests for increases, hospital discharge**

Three Pathways to Personal Care & CDPAP – all will have NYIA Assessments phased in

3. Mainstream managed care (MMC) –

Who is in these plans?

- People of all ages who do not have Medicare or other 3rd Party Health Insurance.
- Cannot have a spend-down – mostly includes people with MAGI Medicaid
- Mostly people < 65, but also SSI recipients 65+ who don't qualify for Medicare because of immigration reasons

– **5/16/22 --enrollees requesting PCS/CDPAP for the FIRST TIME on STANDARD time frame* and those who want to transfer to an MLTC plan voluntarily (limited to reasons in MLTC Policy 14.01)**

– **10/1/22 – enrollees requesting EXPEDITED approval of PCS/CDPAP for the first time***

– **TBA – annual reassessments, requests for increases for current members, discharge from NH, hospital**

*Standard requests must be processed in 14 days. Expedited must be processed in 72 hours, if delay would seriously jeopardize enrollee's life or health or ability to attain, maintain, or regain maximum function. Both subject to 14 day extension. 42 CFR 438.210(d)

Which Medicaid Recipients DO NOT need a NYIA Assessment – at least until 10/1/22?

- **Any Medicaid recipient ALREADY receiving PCS/CDPAP services from the DSS, MMC, or MLTC plan. Their annual reassessments and requests for increases** *will be phased in at a later date.*
- **Anyone under age 18 needing PCA/CDPAP**
  - **Mainstream Managed Care enrollees under age 18**
  - **New DSS requests for those under age 18**
- **PACE Enrollment**

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More on Phase In – Transition cases

- **What if requested CFEEC before May 16th?**
  - **NYMC will do CFEEC with old procedures. Will not do the CA / PO or high-need IRP review. Plan does enrollment assessment as before, but may use the CFEEC assessment instead.**
- **What if mainstream member requested PCS/CDPAP before May 16th? Or if you applied for Immediate Need before May 16th?**
  - **Requests processed under old rules. No NYIA assessments done. Plan or LDSS still do the nurse's assessment - even if merely made phone call to LDSS before May 16th to request assessment.**
  - **If consumer requested voluntary transfer from MMC to MLTC before 5/16/22, processed under old rules.**

MMC policy p. 1, ADM p. 4, MLTC policy p. 1

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HOW DOES NYIA WORK?

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2 and Sometimes 3 Assessments by NYIA

Before, NY Medicaid Choice conducted just ONE nurse assessment – the CFEEC (Conflict-Free Evaluation and Enrollment Center).

Now, CFEEC is replaced by 2 and sometimes 3 assessments – all with NEW ACRONYMS

1. **CHA or IA Community Health Assessment or Independent Assessment (Maximus Nurse assessment using the UAS-NY) – this is the same as the old CFEEC.**
2. **IPP Independent Practitioner Panel –Maximus doctor, nurse practitioner, or physician assistant who will now schedule:**
   - **CA Clinical Appointment – Examination by the IPP, which then prepares --**
   - **PO Practitioner's Order – *Replaces* the M-11q or DOH-4359 Physician's Order. Signed by IPP. Decides if eligible to enroll in MLTC or eligible for PCS/CDPAP if mainstream member or applying to DSS**

If PO finds eligible to enroll in MLTC, or for PCS/CDPAP in mainstream plan or LDSS – then MLTC, DSS, or MMC plan use above assessments to develop a Plan of Care. If that plan is for > 12 hours/day then --

3. **IRP Independent Review Panel – New "high needs review" required if plan or LDSS proposes hours more than 12 per day on average,** *for the first time*

DSS or MMC: NYIA Process

Jargon

- NYIA – NY Independent Assessor
- CHA – Community Health Assessment
- CA – Clinical Appointment
- IPP – Independent Practitioner Panel
- PO – Practitioner's Order

Step 1

- Consumer, caregiver, LDSS or plan calls NYIA to request initial assessment. Must have Medicaid.
- 855-222-8350, M-F 8:30am-8:00pm, Sat 10:00am-6:00pm

Step 2

- NYIA will schedule CHA and CA within 14 days
- CHA and CA can occur M-F 8:30am-5:00pm, Sa-Su 10:00am-6:00pm

Step 3

CHA appointment

- NYIA nurse completes UAS-NY (in person or telehealth)

Step 4

CA appointment

- IPP examines consumer (in-person or telehealth), reviews CHA, determines if self-directing and stable medical condition, and completes the PO form

Step 5

Outcome Notice sent by NYIA. If denied PCS/CDPAP → Fair Hearing Rights.

If approved → NYIA refers to LDSS or MMC plan, which use CHA & PO to decide plan of care. If approve 12 or less hours/day – go to Step 7. If > 12 hours/day, go to Step 6.

Step 6

- Independent Review Panel (IRP) If DSS/plan's proposed plan of care > 12 hrs/day, they must refer for IRP review. Within 6 days, panel makes recommendation to Plan/LDSS of whether plan of care maintains health and safety at home.

Step 7

- Plan/DSS use CHA & PO, and IRP if required, to finalize plan of care and send consumer notice with appeal rights.

MLTC enrollment: NYIA Process

Steps 1-4

- **Same as prior slide for DSS/MMC (CHA and CA requested, scheduled and conducted)**

Step 5

- **If NYIA denies MLTC enrollment → NYIA Outcome notice has Fair Hearing Rights**
- **If NYIA approves MLTC enrollment → NYIA Outcome Notice tells consumer to call NYIA for plan options, and consumer calls a plan to enroll using the same procedure.**
- **IA & Outcome Notice good for ONE YEAR, while CFEEC expired after 75 days.**

Step 6

- **Prospective MLTC Plan Gives Plan of Care, based on CHA and CA --**
- **If plan says needs 12 or less hours → enroll (same as now) → go to Step 8**
- **If plan says needs > 12 hours, go to Step 7 but may enroll in the meantime.**

Step 7

- **Independent Review Panel (IRP) If MLTC plan's proposed plan of care > 12 hrs/day, they must refer for IRP review, but consumer may enroll & plan may submit enrollment before IRP referral or while IRP is pending. Within 6 days, panel makes recommendation of whether plan of care maintains health and safety at home.**

Go to Step 8

Step 8

- **Plan uses CHA & PO, and IRP if required, to finalize plan of care.**

May Rep Call NYIA to Request Assessment?

- New NYIA website has a new "Information Sharing Consent Form" for reps.* It is essentially a HIPPA release. Complete online and have client docu-sign online. Must include CIN, SSN, names of providers.
- May be signed by "authorized rep" – which would include a POA but states can be also authorized "on consent to act on behalf of a person."
- Unclear how it is submitted — is it uploaded in portal? May download the final.
- How does rep show they are authorized to request assessment or sign the form? Doesn't say. DOH told advocates may fax POA, etc. to **917.228.9212** or **917.228.8623**
- If Medicaid app designated a rep, NYIA should be able to see & honor that designation. But seems that NYIA cannot see that!
- See NYLAG Guide to completing & submitting this Consent Form**

*https://nyia.com/en/for-authorized-representatives

** http://www.wnylc.com/health/download/817/

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Clinical Assessment by the IPP

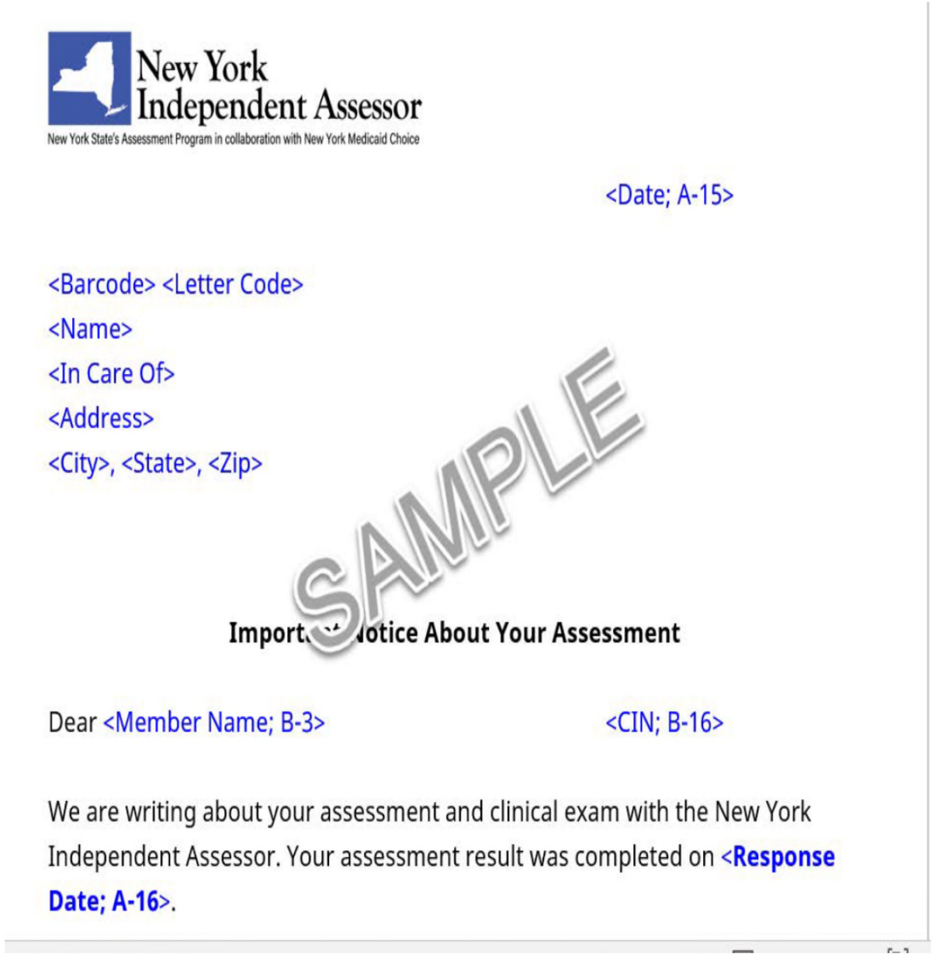
Clinical Assessment (CA) by Independent Practitioner Panel (IPP)- exam by NY Medicaid Choice PHYSICIAN, physician's ass't. or nurse practitioner who prepares a Practitioner's Order (PO).

- **By design the IPP is not the consumer's provider.**
  - **But reg says IPP may review other medical records or consult with the individual's providers 505.14(b)(2)(ii)(e).**
  - **But how to submit records, especially if telehealth?**
    - **TIP: Submit treating physician letter or try using the old forms M11q/DOH-4359. Warning: Guidance says these forms are being *discontinued* (once NYIA is phased in) but we think applicant still has right to submit info, and plan/LDSS should still accept these forms for INFORMATION, not as MD "order."**

WHERE are these 2 assessments done? *Expect pressure to use telehealth! Must be assertive to demand in-home*

- **IA (nurse) – Reg says done where consumer located - home, NH or hospital (or may use telehealth) 505.14(b)(2)(i)(c).**
- **IPP - Reg, ADM and MLTC policy don't say where medical exam is. MMC policy p. 3 says may be in person or telehealth. But must consumer travel?**

Outcome Notice Content



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

<Date; A-15>

<Barcode> <Letter Code>
<Name>
<In Care Of>
<Address>
<City>, <State>, <Zip>

SAMPLE

Import[illegible]otice About Your Assessment

Dear <Member Name; B-3> <CIN; B-16>

We are writing about your assessment and clinical exam with the New York Independent Assessor. Your assessment result was completed on **<Response Date; A-16>**.

- **The notice will contain a section entitled Your assessment showed, which is where it informs the consumer of the outcome**
- **There are multiple possible outcomes, depending upon the consumer's situation (MLTC/Mainstream/Immediate Need) and NYIA's findings**
  - **"You are eligible for CBLTSS"**
  - **"You may be eligible for CBLTSS"**
  - **"You may qualify to receive LTSS through a MLTC plan"**
  - **"...however your health condition is not stable enough to get...care at home"**
- **These notices will be very confusing for consumers, so it's important to get a copy of the notice to properly advise them!**

NYMC "Outcome Notice" – if NOT ELIGIBLE

- **NYIA Outcome Notice of denial of PCS/CDPAP/MLTC – can request Fair Hearing.**
- **For MLTC, this is not a change. NY Medicaid Choice always sent denial notice to consumer.**
- **But for DSS/HRA and managed care plans, this is a big change. Denial notice used to come from DSS/HRA or managed care plan. Is this delegation of duty legal?**

https://www.health.ny.gov/health_care/medicaid/redesign/nyia/faqs/docs/2022-01-26_ldss.pdf slides 33-35 and https://www.health.ny.gov/health_care/medicaid/redesign/nyia/faqs/docs/2022-01-26_mmco.pdf

More on NYIA Denials

- **Personal care/CDPAP – denied if not "medically stable." 18 NYCRR 505.14(a)(3)**
  - **not expected to exhibit sudden deterioration or improvement;**
  - **does not require frequent medical or nursing judgment to determine changes in the plan of care;**
  - **physically disabled or frail elderly individual does not need skilled professional care in the home but does require routine supportive assistance to prevent a health or safety crisis from developing.**
  - **TIP: If client has SKILLED needs (trach, oxygen, tube feeding) can an informal caregiver do tasks OR can the consumer use CDPAP?**
- **For MLTC enrollment– even if not "medically stable" for PCS/CDPAP, could still be eligible for Private Duty Nursing or Adult Day Health Care services from MLTC plan -- so should not be denied enrollment.**
  - **For MLTC, must need Community-Based long term services & supports (CBLTSS) for 120 days (but not required for MMC)**
- **The 3 ADL criteria (2 if dementia) are NOT in effect yet! So NYIA should approve PCS Level I (Housekeeping) services for those who have no ADL needs but do need IADL help (max 8 hours) –**
  - **We have already seen problems for people seeking Housekeeping**

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DSS & Plans Develop Plan of Care

HRA/DSS or Plan uses the IA and CA to develop plan of care – and authorize services if 12 hrs/day or less.

Variance – DSS or Plan may dispute the IA if they have "material disagreement" affecting plan of care. Then IA may make requested change or has 10 days to do a *new assessment*.

a. **More delay – MLTC must request variance "with due expediency," and has 10 business days to provide info on request from NYIA to support dispute.***

b. **Consumer may refuse reassessment without penalty – then DSS or plan must use original IA.***

c. **Plans get penalized if request too many variances.**

Will plan/LDSS nurse still assess client? Gray area. DOH acknowledges that the UAS/CHA has gaps – doesn't assess night-time needs or informal caregiver availability. So they still need to assess but won't be paid for it!

*MMC Policy p. 8, MLTC Policy p. 7-8, ADM p. 12

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Independent Review Panel (IRP)

If DSS or Plan say needs > 12 hours/day for the 1st time → Must refer to IRP –recommends whether proposed plan of care is "reasonable and appropriate" to maintain health & safety at home.

a. **IRP may *recommend* changes in plan of care but NOT specific amount of hours. 505.14(b)(2)(v)(f)**
   - **If proposed 24/7 live-in not safe, can IRP recommend 2x12?**

b. **Grandfathering - IRP not required if consumer already receiving > 12 hours/day, even if requesting increase from live-in to split-shift***

c. **Plan/DSS make final decision and issue notice. Does not have to take IRP recommendation.** 505.14(b)(2)(iii)(f)

d. **ALERT: Saying "unsafe" can be pretext for forcing into nursing home – violate *Olmstead* and ADA. A "public entity must ensure that its safety requirements are based on actual risks, not on mere speculation, stereotypes, or generalizations about individuals with disabilities." 28 CFR §35.130(h)**

* **MLTC Policy p. 10, ADM p. 10, MMC policy p. 6 – clarifies 18 NYCRR 505.14(b)(4)(xi)(b)**

ADVOCATE CONCERNS & STRATEGIES

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Delays – Lack of NYIA Capacity

Does NY Medicaid Choice have enough:

1. **Nurses and MDs, Nurse practitioners, PA's to do the CHA and IPP within 14 days of request?**
   - **Huge nursing shortage aggravated by COVID.**
   - **CFEEC's were delayed for MLTC - they shouldn't have started this without capacity**
   - **10/1/22 -will start Immediate Need & Expedited assessments for mainstream - must be done in 6 days**
   - **Once fully phased in -about 300,000/year of IA & IPP!**
   - **Even worse delay if want In-person not Telehealth**
2. **Call Center capacity – Long hold times, dropped calls. Must handle massive increase in calls to schedule the 2-3 new assessments.**

Delays in accessing PCS/CDPAP!

- **Even if NYIA can do CHA & IPP assessments in 14 days –**
  - **HRA/DSS must determine hours within 7 days of receiving back all of the assessments, then**
  - **Referral for IRP Medical Review will take at least 6-10 more days**
  - **Add 10 days if DSS/Plan disputes "material fact" in IA.**
- **Law and regulations set shorter time limits to authorize services:**
  - **Immediate Need– DSS must approve Medicaid AND home care 12 Days after application filed (starts October 1, 2022)**
  - **Plans have 14 days to process a standard request, extendable up to 14 more days. Only 72 hours for expedited requests. See next slide. Impossible to meet these time limits!**
- **DSS/Plan *may* (not *must*) authorize "temporary" care > 12 hours/ day pending the High Need IRP Review* if can't meet deadlines – in regulation***

* 505.14(b)(3)(ii), 505.28(g)(2) **505.14(b)(4)(vi), 505.28(e)(4)
https://www.health.ny.gov/health_care/medicaid/redesign/nyia/faqs/docs/2022-02-16_mmco.pdf slide 51

Can you request the new NYIA assessments while Medicaid application is pending?

- **Unclear but probably NOT.**
- **Since 2014, a CFEEC could be scheduled and conducted while Medicaid application pending.**
- **New reg should allow this – it says only that Medicaid eligibility must be established before services are *authorized*. 18 NYCRR §505.14(b)(4)(i). Remember NYIA assessment is good for one year.**
- **But MLTC Policy 22-01 says, "The NYIA will only conduct the initial assessment process for individuals with active Medicaid." The ADM is inconsistent, saying in one place Medicaid can be processed concurrently with assessments, and in another Medicaid must be active to schedule the assessments (pp. 5-6).**

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Strategy Until Oct. 1, 2022

- Since NYIA will not apply to Immediate Need until Oct. 1, 2022 – better to use Immediate Need until then?
  - PRO's – faster, especially since can't request NYIA assessments if Medicaid app still pending.
  - CON's – if client private paying for home care and wants to enroll in MLTC that contracts with same home care agency, better to enroll in MLTC

How will MLTC/ mainstream plan comply with federal deadlines to decide requests?

Type of Request	Maximum time for Plan to Decide
Expedited*	72 hours after receipt of request, though plan may extend up to 14 calendar days if needs more info.
Standard	14 calendar days from receipt of request, though plan may extend up to 14 calendar days if needs more info.

MMC guidance p. 5 says times run from date of request *only if a current CA & IPP are on file* **– under fiction that only physician's order can start the clock. We think this violates federal reg that says time runs from receipt of the request for service. 42 CFR 438.210(d).**

***Expedited if delay would seriously jeopardize the enrollee's life or health or ability to attain, maintain, or regain maximum function. 42 CFR 438.210(d)**

Appeal & Fair Hearing Rights

- **Plan/LDSS *may not* authorize > 12 hours wo/ high-need IRP unless ordered by a Fair Hearing or court. 18 NYCRR 505.14(b)(4)(vi).**
  - **MMC Policy adds also if ordered by External Appeal of NYS Dept. Financial Services (Article 49 Title II of NYS Insurance Law), but MLTC Policy doesn't mention it. See http://www.wnylc.com/health/entry/184/#external%20appeals.**
- **In FH, may ALJ order 24-hour care if consumer requested 24-hour care, but plan/LDSS approved 8 hrs, so didn't refer for high-need IRP? Reg above implies the answer is YES, since plan must comply with FH decision even if no IRP. DOH rep said YES at a meeting, but we asked them to clarify in policy (otherwise ALJs might remand for lack of the IRP, causing more delay).**
- **EVIDENCE PACKET – DSS & MMC guidance say DSS/MMC plan give notice and responsible for compiling Evidence Packet, including all NYIA assessments. PowerPt says UAS disputed by plan/LDSS is REPLACED by new one, so appears will not be part of packet.* Unclear if consumer can request it. MLTC Policy says nothing about notice and Evidence Pkt.**
- **Will NYIA be a party to a hearing? MMC & DSS guidance says appellant or plan/DSS may call NYIA as a witness, but does not say how. (MMC policy p. 10, ADM p.11). MLTC policy is silent.**

https://www.health.ny.gov/health_care/medicaid/redesign/nyia/faqs/docs/2022-02-16_mmco.pdf slide 21

How to Stay Up to Date

- **Sign up for NYLAG EFLRP e-lerts with updates here http://eepurl.com/deQxtr - select TOPIC: Medicaid, long-term care**

- **Look for updates at www.NYHealthAccess.org http://www.wnylc.com/health/news/85/**
- **Visit DOH's NYIA websites: https://www.health.ny.gov/health_care/medicaid/redesign/nyia/ and https://nyia.com/en (also can choose Spanish) has FAQs**

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NYLAG's Past Advocacy

Advocacy:

- **12/15/21 Letter to DOH from NYLAG & Medicaid Matters NY, with 1/6/22 update http://www.wnylc.com/health/download/801/**
- **2/2/22 Letter - http://www.wnylc.com/health/download/807/**
- **3/25/22 Letter - http://www.wnylc.com/health/download/812/**
- **5/3/22 NYLAG questions about the new policies http://www.wnylc.com/health/download/814/**

- **NYLAG & NYSBA COMMENTS on proposed regs** http://www.wnylc.com/health/download/771/ (3/13/21)
- **See prior NYLAG comments from when regulations were proposed** http://www.wnylc.com/health/news/85/#comments

Alphabet Soup! Acronym Reference!

NYIA - New York Independent Assessor – replaces CFEEC (Conflict-Free Evaluation and Enrollment Center) – Has 3 functions:

1. **CHA or IA Community Health Assessment or Independent Assessment (Maximus Nurse assessment using the UAS-NY)**
2. **IPP Independent Practitioner Panel –Maximus doctor, nurse practitioner, or physician assistant who will now schedule:**
   - **CA Clinical Appointment – Examination by the IPP, which then prepares --**
   - **PO Practitioner's Order – Replaces the M-11q or DOH-4359 Physician's Order. Will be signed by IPP.**
3. **IRP Independent Review Panel –New review required if plan or LDSS proposes hours more than 12 per day on average, *for the first time***

Acronyms used here that are NOT changing --

- **PCS – Personal care services**
- **CDPAP – Consumer Directed Personal Assistance Program**
- **DSS – Local county Dept. of Social Services (HRA in NYC) --Medicaid agency that handles all applications for Medicaid and requests for PCS/CDPAP**
  (1) for people excluded or exempt from MLTC or mainstream managed care or
  (2) applying based on Immediate Need for home care
- **TBI and NHTDW – Traumatic Brain Injury & Nursing Home Transition & Diversion Waiver**
- **MMC - Mainstream Medicaid Managed Care – mandatory plans for those without Medicare or other primary insurance, and who have no spenddown. Mostly under age 65, but also includes elderly or disabled SSI recipients who don't have Medicare, often because of immigration status. Members of these plans must request PCS or CDPAP from the plan and all other Medicaid services.**

Complaints to the DOH about NYIA

Send to BOTH:

1. **Independent.assessor@health.ny.gov (518) 474-5888**
2. **And appropriate DOH Complaint Unit – either:**
   - **MLTC DOH Complaint Unit 1-866-712-7197 mltctac@health.ny.gov**

     OR
   - **MMC (Mainstream)- DOH Complaint Unit *managedcarecomplaint@health.ny.gov* 1–800–206–8125**
   - **DSS has no DOH complaint unit so just send to #1**

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THANK YOU

More information at nylag.org and nyhealthaccess.org

Please donate to support us!

https://www.nylag.org/donate-now/

At prompt please designate Evelyn Frank program!

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