



HCBS/TBI

Program Update: Traumatic Brain Injury (TBI) Waiver Program and the Uniform Assessment System-New York (UAS-NY) May 2018



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Upon the approval by the Centers for Medicare and Medicaid Services (CMS), effective September 1, 2017, the **Traumatic Brain Injury (TBI) Medicaid Waiver** implemented the use of the Uniform Assessment System for New York (UAS-NY) assessment tool for both initial and annual level of care determinations for TBI waiver applicants and participants. Individuals residing in nursing facilities continue to have a PRI/SCREEN assessment completed prior to waiver enrollment. Once the individual transitions from the nursing facility into the community and is approved for waiver services, the UAS-NY Community Assessment must be completed within ninety (90) days of the date of authorization for waiver services. If a participant has a UAS-NY completed for managed care or state plan services, this assessment may be used to establish waiver eligibility as long as it is completed within ninety (90) days of the effective date of waiver services. Upon re-evaluation, if an assessment is on record and is current (completed within the last year), it may be used to support the continued need for nursing facility of care (NFLOC). The reassessment must be updated annually. The UAS-NY is accessed through the Health Commerce System (HCS), which is a secure web-portal managed by the New York State Department of Health (NYSDOH).

Historically, NYSDOH has utilized various assessment tools to establish eligibility and to serve as a basis for care plan development. Over time, more than thirteen (13) assessment tools were developed and used by NYSDOH to determine the needs and service options for service recipients. Only some of these assessments established if an individual required NFLOC. In 2009, New York State (NYS) contracted with an independent organization to complete a comprehensive assessment of ten assessment tools used by the State, to identify a tool that would satisfactorily measure the functional needs of an individual through empirically tested and validated means and ensure compliance with CMS protocols and standards. With the implementation of the UAS-NY, the scores and content of these assessments were cross-referenced to the UAS-NY and validated against existing tools that established NFLOC, such as the DSM-1 (score of 60) and the Semi-Annual Assessment of Members (SAAM score of 5). This cross-validation resulted in the UAS-NY NFLOC score to be 5 or greater.

In 2013, NYSDOH implemented the UAS-NY. Nursing Facility Level of Care is generated from responses to questions contained in the UAS-NY

assessment using a scoring index developed and field tested by NYSDOH. This testing resulted in a uniform scoring index which is used across multiple programs using the UAS-NY. Response options to the questions are converted to points, with a greater number of points indicating a greater need or severity. The sum of the points is the NFLOC score and is automatically calculated by the UAS-NY. **A UAS-NY NFLOC score of 5 or greater indicates qualification for nursing facility level of care.** In accordance with program requirements and best practice, all UAS-NY Community Assessments must be conducted by a Registered Professional Nurse who is trained in the UAS-NY assessment process. All assessments must be signed and finalized. This requires the completion of all required items. The responses to the completed, finalized assessment will be used to generate various assessment outcome reports and will support service and care planning. Assessments will auto-lock five (5) days from the day the assessment is created to ensure timely completion of the assessment process. Each Regional Resource Development Center (RRDC) is required to maintain accurate participant enrollment in HCS and to maintain a case list.

Should an assessment determine that an individual does not meet NFLOC, the individual may seek a second assessment with the assistance of the RRDC. Should the second assessment fail to support NFLOC, the TBI waiver applicant/participant may seek a clinical evaluation via specialists with expertise in TBI disability and/or cognitive deficit examinations. The clinical evaluation must demonstrate evidence of neurocognitive, behavioral and/or functional deficits on physical exam or diagnostic testing and/or meet DSM-5 criteria for major neurocognitive disorder. This is referred to as “alternate route.” Upon completion of the evaluation, the specialist must clearly determine and prescribe that the applicant/participant meets NFLOC as a result of the Traumatic Brain Injury (TBI) and should be considered for waiver eligibility. Upon completion of the clinical evaluation, the report is submitted to the RRDC who submits it to NYSDOH for review by an independent assessor. The RRDC is advised of the assessment findings. Should the assessment determine the individual to be NFLOC, the Notice of Decision will be withdrawn by the RRDC. Should the assessment and related documents determine the individual to not meet NFLOC, the participant may continue to seek adjudication through fair hearing. All negative eligibility determinations are afforded due process through fair hearing.

All waiver participants are required to have an annual re-assessment of waiver eligibility regardless of the method for the previous eligibility determination.

Any questions regarding TBI waiver services and Level of Care assessments may be directed to: tbi@health.ny.gov.

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