

## NEW Fee-for-Service (FFS) Private Duty Nursing (PDN) Assessments

To accommodate prior approval requirements associated with the Private Duty Nursing Program, the Department of Health has made available the UAS-NY *Community Health Assessment (CHA)* and *Pediatric Assessments* within the UAS-NY Application for use on behalf of the Fee-For-Service Private (FFS) Duty Nursing (PDN) Program.

In order to conduct the *Community Health and Pediatric Assessments* within the UAS-NY Application, your organization must:

1. Be registered in the Health Commerce System (HCS) as a Licensed Home Care Service Agency (LHCSA) or Certified Home Health Agency (CHHA).
2. Send the FFS PDN team a letter of intent on organization letterhead and signed by a member of your leadership team. It must contain:
  - a. Your business need to access UAS-NY. In this case, your business need is to conduct assessments for the FFS PDN team.
  - b. Your License # or Operations Certificate Number.
3. If approved, the FFS PDN team will authorize your organization's access to the UAS-NY. Once approved, access will typically be granted by the UAS-NY Project Team by 4 PM the next business day.
4. The FFS PDN team will forward you the UAS-NY Implementation Guide, which will instruct your organization on the proper set-up procedures for utilizing the UAS-NY.

After gaining access to the UAS-NY, you may receive assessment requests from a FFS PDN provider.

In order to conduct an assessment for that request:

1. Assessing organization UAS-45 must contact FFS PDN to alert them that your organization is able to conduct the requested assessment. The communication should have the subject line: **Attention PDN UAS-NY.**
2. Communication can be sent via one of two **secure** methods:
  - a. Send a secure e-mail to [ffsoos@health.ny.gov](mailto:ffsoos@health.ny.gov) using a secure end-to-end e-mail encryption (E2EE) service such as Zix or Virtru.
  - b. Send a fax to the PDN secure eFax at 518-402-3253.
3. Include in the secure communication:
  - a. Your agency name
  - b. First name of the FFS PDN member
  - c. Last name of the FFS PDN member
  - d. Date of birth OR Social Security Number OR Medicaid ID for FFS PDN member

**Reminder: This information must be sent via a secure method.** Personally identifying information (PII) is protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH), and UAS-NY Policy 18.2.1 *Personally Identifying Information (PII) Policy*.

4. The FFS PDN unit will attest to the member's record in the UAS-NY. This will make the FFS PDN "assess for" option available.
5. Approval for your organization to conduct the assessment will be sent back via email or fax.
6. Your organization can then assess the person for FFS PDN.

7. Once you no longer have a business need to view that member's record. You must remove the member from your Case List by removing your organization's attestation to that record.

If you have any questions or require additional information, please contact the UAS-NY Project Team at 518-408-1021 or via email at [uasny@health.ny.gov](mailto:uasny@health.ny.gov) or the FFS PDN Team at [fsoos@health.ny.gov](mailto:fsoos@health.ny.gov) or by phone at 1-800-342-3005 option #1.