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Health Plans

Provider News

New Process to Assess Patients' Eligibility for Medicaid Managed Long Term Care Services

Key Points

- New York Independent Assessor (NYIA) process starts May 16 for initial assessments.
- Affects patients new to Medicaid Managed Long Term Care and some who are re-enrolling in MLTC.
- NYIA will assess both eligibility and need for long term services and supports (LTSS).
- The Practitioner's Order will now be obtained through the NYIA process (Independent Practitioner Panel).
- Currently, health plans will continue to assess patients already enrolled in Medicaid MLTC.

Starting **May 16, 2022**, the way a patient's eligibility for Medicaid-covered **Personal Care Services (PCS)** and **Consumer Directed Personal Assistance Services (CDPAS)** is *initially assessed* will be changing.

These changes are only for patients who have never received Medicaid

Managed Long Term Care (MLTC) services and for some who are re-enrolling in MLTC. Patients already in a Medicaid MLTC plan, like VNSNY CHOICE MLTC, or a Medicaid Advantage Plus plan, like VNSNY CHOICE Total (HMO D-SNP), will, for the time being, continue to be assessed annually by health plan nurses, and, when transferring to a new MLTC, by their new plan's nurses.

Previously, patients new to Medicaid MLTC services were assessed for eligibility by a nurse from the state's Conflict-Free Eligibility and Evaluation Center (CFEEC). If they were found eligible, a nurse from the health plan they enrolled in would then assess them for the kinds of services and hours needed and create the new patient's plan of care.

As of May 16, CFEEC will become the **New York Independent Assessor (NYIA)** and will assess new patients both for eligibility for enrollment in a Medicaid MLTC plan and to determine the kinds of services the patient qualifies for.

The new process changes how a practitioner's order is obtained for new Medicaid MLTC enrollees. If you have a patient who may be eligible to enroll in an MLTC or MAP plan, they will no longer need to see you to obtain an order for their services. This function will now be handled by NYIA.

In the new process, a NYIA nurse will conduct a Community Health Assessment (CHA) to determine the patient's eligibility for enrollment in a Medicaid MLTC or MAP plan. If eligible, a NYIA clinician will assess the patient's need for help with activities of daily living and for their ability to receive LTSS services in the community. A practitioner from the Independent Practitioner Panel will document the new patient's service requirements in a Practitioner Order (PO).

The **NYIA Independent Review Panel (IRP)** will review the patient's plan of care if it has more than 12 hours of per day on average for the first time.

What Won't Change

MLTC plans remain responsible for the following assessments:

- Developing the **Patient Centered Service Plan (PCSP)**
- Determining the amount of services plan members receive

- Authorizing the kind of personal care services the plan member gets, whether their aide comes from an agency or is hired directly by the consumer, and authorizing other community-based long-term services
- Conducting annual reassessments
- Conducting assessments when a patient undergoes a significant change in condition
- Assessing members coming from another plan
- Conducting Initial Assessments for any auto-enrolled members

Additional information detailing the implementation of the NYIA and MLTC plan responsibilities related to the initial assessment process was posted on the DOH website: [MLTC Policy 22.01](#).

Questions about this policy can be sent to independent.assessor@health.ny.gov.

Questions?

Contact VNSNY CHOICE Provider Relations

Call toll free: 1-866-783-0222

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