

October 22, 2013

DAL: HCBS 13-17  
Subject: CHHA & LTHHCP: Regulatory  
Requirements for Comprehensive  
Assessments

Dear Administrator:

The purpose of this letter is to clarify the requirements pertaining to comprehensive assessments for CHHAs and LTHHCPs. The Federal Condition of Participation (CoP) (484.55) requires that an agency must provide each patient, regardless of payment source, with a patient specific comprehensive assessment that accurately reflects the patient's current health status. The comprehensive assessment must identify the patient's need for home care and medical, nursing, rehabilitative, social and discharge planning needs. The comprehensive assessment must be conducted by an RN, except in therapy only cases.

OASIS requirements apply to all Medicare and Medicaid (including Medicare Managed Care and Medicaid Managed Care) adult, non-maternity patients receiving skilled care. For patients receiving skilled services (nursing and therapies) OASIS data items must be integrated into the comprehensive assessment. The OASIS data collection and transmission is required at start of care (SOC), at resumption of care following an inpatient facility stay of 24 hours, every 60 days or when there is a major decline or improvement in patient's health status, at transfer to an inpatient facility, and at discharge.

### **Managed Long Term Care Plan Transitions**

Providers need to be aware of the following requirements and information:

- For the agency's adult patients transitioning into a Medicaid Managed Long Term Care Plan (MLTCP), the federal comprehensive assessment and OASIS requirements still apply during the 90 day transition period.
- For CHHAs or LTHHCPs continuing to provide skilled services through a contract with the MLTCP, the federal comprehensive assessment and OASIS requirements still apply.
- A new SOC comprehensive assessment is typically NOT required when a patient is transitioning into a MLTCP unless required by the MLTCP.
- The schedule for updating the comprehensive assessment continues based on the original SOC date and the already established 60 day recertification assessment cycle. The agency is simply required to indicate that the payment source has changed to "Medicaid

(HMO/managed care)” on OASIS Item M0150 on the next scheduled recertification assessment.

- The payment source identifies all payers to which any services provided during the home care episode and included on the plan of care will be billed.
- OASIS data collection and submission requirements continue until the patient is discharged from the agency.

The Uniform Assessment System for New York (UAS-NY) is currently being implemented for individuals being served in the State’s Medicaid home and community based long term care programs including MLTCPs. The MLTCP is responsible for ensuring compliance with the UAS-NY requirements.

For questions related to this directive including specific OASIS requirements, please contact the Division of Home and Community Based Services at [OASIS@health.state.ny.us](mailto:OASIS@health.state.ny.us).

For questions specific to Medicaid program requirements and the UAS-NY, please contact [uasny@health.state.ny.us](mailto:uasny@health.state.ny.us).

Sincerely,

A handwritten signature in black ink that reads "Rebecca Fuller Gray". The signature is written in a cursive style with a long, sweeping tail on the "y".

Rebecca Fuller Gray  
Director  
Division of Home and Community Based Services