Uniform Assessment System for New York
Assisted Living Program
Frequently Asked Questions
April 11, 2014

UAS-NY Questions

1. When using the UAS-NY, many scores initially seem to be increasing slightly, capturing the psych behavior or clinical complexity of the resident. Was this the expectation of the state upon implementation of the new assessment instrument?

   When the UAS-NY was implemented, the Department recognized that there was not a clear and precise delineation between RUG-III HC categories and the PRI RUG-II categories. One difference is that the RUG-III HC uses 4 ADLs and 3 IADLs to assign groups within the categories while the PRI RUG-II uses 3 ADLs for this. The Department anticipated there would be changes and is collecting data and monitoring changes to determine the impact on appropriate ALP reimbursement.

2. If using the paper version of the assessment, is it permissible to enter the responses to the UAS-NY Community Assessment after the assessment was conducted?

   The assessment Reference Date is the date the assessment was initiated. Data may be entered after the reference date and before the assessment is finalized.

   It is the Department's expectation that the facility will utilize the online version of the UAS-NY unless there are extenuating circumstances. The facility is required to have: (1) an active Health Commerce System (HCS) account, (2) established individual HCS user accounts for all staff who require access to the UAS-NY and an appropriate UAS role provisioned to each account, (3) staff trained on the UAS-NY and (4) appropriate equipment available to complete the assessment using either the UAS-NY online or offline application. If users have direct access to the internet, the user will be able to record the responses to the assessment directly into the UAS-NY web-based application. If users do not have access to the internet when conducting the assessment, they should use the UAS-NY Offline Application. The Offline Application functions in a similar fashion to the web-based application. Other than in extenuating circumstances, assessors are expected to enter responses to the assessment directly into the UAS-NY application.

3. Providers are having a difficult time inserting the correct dosage information in the medication section (e.g. Percocet 5/325 mg). Please advise how to insert this data.

   In the example cited above, providers should record the name of the combined medication and enter one amount in the "Dose" field, e.g Percocet 325/mg. The accurate dosage should be entered into the comments field e.g. Percocet 5/325mg.

4. Which is the correct section of the assessment instrument to insert important past medical information (e.g. history of basal cell carcinoma)?

   The UAS-NY Community Assessment captures disease diagnoses that require active treatment or monitoring. Diseases that no longer affect functioning and care needs of the individual should be recorded in the comments section. Important medical information can be entered in the patient's medical record as appropriate.

5. How many days does the nurse have to sign and finalize the assessment from the time the assessment was actually started?

   The UAS-NY is not programmed with a specific timeframe for finalizing assessments. An assessment should be signed and finalized in a timely manner based on existing long term care program laws, regulations, and/or policy.

   An assessment should be signed and finalized in an appropriate time frame. Programs are expected to show good faith in attempting to obtain the required information to finalize the assessment in a reasonable period of time (e.g. twenty-four hour period). There are no changes to the underlying program laws, regulations, and policy.

   In most cases, the UAS-NY assessment will be completed during one session. Since data is entered directly into the UAS-NY application, it is expected that the assessment will be finalized on the day of (or within 24 hours) of the home visit and before the certification period expires.

6. How many times, and for what length of time, can the signed assessment be unfinalized?

   If changes must be made to an assessment that is finalized, a person with a role assignment of "UAS-45" (nurse supervisor) must unfinalize the assessment. This must occur within 45 days of the assessment finalization date.

   The UAS-NY is not designed to serve as a mechanism to keep continual updates or modifications on an assessment over a period of weeks or months.

7. May the ALP nurse, or the individual reviewing the assessment, make any changes to the assessment if the CHHA nurse was notified and agreed with the changes?

   No. Once an assessment is signed/finalized, only a person with a role assignment of "UAS-45" (nurse supervisor) from the same organization as the assessor who conducted the assessment may unfinalize the assessment. An ALP nurse may identify possible changes to the assessment; however, the assessor would be responsible for making changes and resigning/refinalizing the assessment. It is expected that the ALP and CHHA nurses will work collaboratively to ensure an accurate assessment.

8. Does the assessment have to be finalized before the certification period is up?

   Yes. Prior to the end of the certification period, the individual must be assessed following the ALP Program guidelines.

9. How long after the provider receives signed physician orders do they have to enter them into the UAS?

   The UAS-NY Community Assessment is an assessment instrument and not a substitute for an electronic medical record. The intent of the "physician's order" item in the UAS-NY is to indicate if a physician has ordered an assessment for home and community-based services. The UAS-NY is not intended to include and maintain ongoing physician orders that would normally be included in an electronic medical record system.

10. What parts of the UAS-NY Community Assessment should be printed for record-keeping purposes?

    The two-page Personal Health Summary Report should be included with the individual's record. Each ALP may determine if additional information should be included. The Department expects, as with all electronic record systems, that a facility staff member is available at all times to provide hard copies in a reasonable timeframe to surveillance staff upon request.

11. If a Mental Health Supplement is not triggered, would you recommend completing it; especially if the resident has a history of psychiatric issues?

    It is the assessor's professional judgment to complete supplements that are not automatically triggered by the UAS-NY if they feel they are indicated based on their assessment of the individual. Please note that for ALP billing purposes, the Functional Supplement must be completed.

12. There are questions in the UAS-NY Community Assessment that very specifically ask about the time spent with residents. This area is a bit cloudy as there is individual time but there is also time spent with residents in groups (e.g. dining supervision, etc.). Does this need to be differentiated in the assessment and, if yes, how? Would the creation of more extensive task sheets as supporting documentation help?

    The reference to "questions specifically about the time spent with residents" is unclear, as the UAS-NY does not collect this information. The UAS-NY Community Assessment records information about the time the individual spends alone. The Functional Supplement (Section K) records the amount of formal care provided to the individual. For additional information on estimating formal care hours, please refer to the "Generating RUG III Scores and Calculating Hours of Formal Care" memo issued on January 31, 2014.

13. In Section K, it requires the ALP to break down or project the services provided by the PCA, housekeeping, etc. into minutes. Does this apply to the ALP? If yes, is there a template from the Department that providers can use to avoid over/under projecting those services?

    Formal services reported in Section K of the Functional Supplement should be estimated in 15 minute increments. This item is **not** associated with documentation of ALP services for billing. No template is available. For additional information on estimating formal care hours, please refer to the "Generating RUG III Scores and Calculating Hours of Formal Care" memo issued on January 31, 2014.

14. In Section E, the psychosocial well-being part, there is a question about length of time alone during the day (morning and afternoon)… do you want to know how much time they are left alone between staff checking on the resident, or how much time the resident is left alone by themselves with no staff around? Or is there another scenario the Department is looking for? Generally, in the AH/ALP, there is always staff and residents "around" so this is a difficult question to interpret.

    As stated in the UAS-NY Community Assessment Reference Manual, the intent of this item is "to identify the actual amount of time the person is alone in the morning and afternoon." The following definition is also included in the manual: "The amount of time the person is literally alone, without any other person in the home. If the person is residing in a board-and-care facility, adult-care facility, or other situation where there are other persons in their own rooms, count the amount of time the person spends by him- or herself in the person's own room as time alone."

15. When the correct answer to a question is "not applicable," the only option on the UAS-NY is "no selection," but that is not the same. Will this be changed or clarified on the UAS-NY and/or UAS-NY guidance?

    The assessor needs to refer back to the Community Assessment Manual.

ALP Program Questions

1. What will be included in the annual package? Does the provider still need a nursing assessment?

    For the initial medical evaluation, and at least once every twelve months after the resident's last full assessment has occurred, the ALP Medical Evaluation (DSS 4449C) and the UAS-NY are to be completed. **In an ALP, the Medical Evaluation (DSS 4449C) must be signed by a physician.**

2. Does the operator need to use DSS-4449C for the interim assessment?

    No, the operator can elect to use the ALP Medical Evaluation (DSS 4449C) or the ALP Interim Medical Evaluation – Interim (DSS 4568) for the six month reassessment. **In an ALP, both the Medical Evaluation (DSS 4449C) and the Medical Evaluation – Interim (DSS 4568) must be signed by a physician.**

3. What paperwork is required of ALPs for 6 month "interim" assessments where there has been no change in condition?

    The ALP Medical Evaluation (DSS 4449C) or the ALP Interim Medical Evaluation – Interim (DSS 4568) and the UAS-NY Community Assessment are required for the 6 month reassessment.

4. What parts of the UAS-NY Community Assessment should be printed to provide to the physician for review and attached to the medical evaluation?

    The two-page Personal Health Summary Report should be included with the medical evaluation. Additional information should be provided as requested. Please refer to DAL 13-19: ALP Medical Evaluation (DSS-4449C) Rev. 09/13.

5. What kind of referral should the medical doctor provide for residents with a mental health diagnosis?

    A physician's order for completion of the UAS-NY is not required. Physicians should follow existing referral procedures. The UAS-NY Community Assessment does not determine what referrals should be made by the physician.

6. Some CHHAs that work with ALPs are asking for an MD order to complete the initial UAS-NY Community Assessment. I figure this is part of the CHHA's policies/procedures with regard to billing, and it is not a huge deal and our ALPs are simply complying. However, I would like to confirm that an MD order for completion of the UAS-NY Community Assessment is not a DOH requirement.

   The ALP Medical Evaluation (DSSS 4449C) is the physician order to establish the resident's eligibility to participate in the ALP. Once the medical evaluation is received, the ALP can perform the required initial assessments utilizing the UAS-NY.

7. For existing residents whose 6-month interim assessments are due, it is my understanding that the Department expects that the ALP use the UAS-NY Community Assessment (rather than wait for the annual). Am I correct?

   Yes, at the six month reassessment, the UAS-NY Community Assessment is completed. The reassessment should be comprehensive, complete and accurate.

8. What is the consequence of using the old 4449C with the UAS-NY Community Assessment? A couple of versions of the revised 4449C have been issued. We tried our best to make sure that everyone knows which is the current one to use, but there may be instances where ALPs are either using the original 4449C, or the first revised version.

   The Department requires that the most recent Medical Evaluation (DSS 4449C Rev. 9/13) be utilized as discussed in DAL 13-19 and dated October 1, 2013.

9. A provider understands that in ALP an assessment must be completed not more than every six months or sooner if there is a change in RUG category. There seems to be a gray area concerning the "change in RUG category." How does one know there is a change unless an assessment is conducted?

   There has been no change to Program Policy. Changes in the resident's condition will determine whether a new UAS-NY assessment is necessary. Often this is based on professional clinical judgment.

   494.4(h) states that a reassessment must be conducted as frequently as required to respond to changes in the resident's condition and to ensure immediate access to necessary and appropriate services by the resident, but in no event less frequently than once every six months.

   If the resident's condition requires a reassessment due to changes in their condition, then the reassessment may or may not result in a change in RUG category. The key here is that the regulation requires reassessments to be

conducted as frequently as required to respond to changes in the resident's condition. The intent is to assure that significant changes in a medical condition, improvement or deterioration, are captured for purposes of Medicaid reimbursement.

10. Is a new 4449-C required because the RUG category has changed in those circumstances where it is only because of the new measurement instrument?

    Because the UAS-NY measures and scores certain conditions that the PRI does not (e.g. cognitive impairment), after the UAS-NY assessment is completed and the crosswalk with the RUGS score is done, some people are ending up in a higher PRI/RUG category. (This is just one example. There may be situations where a person falls into a lower RUG category. The question below is relevant in both cases.) Let's assume that is the case with someone who has had a UAS-NY completed on October 15th. Their new score is a high RUG category because of the cognitive impairment measurement. Their next Medical Evaluation (4449-C) is not due until some date in the future, e.g., December 1st.

    The question is: because there is a new RUG category, must a new Medical Evaluation be obtained now rather than on December 1st? Even though the score is different, that is a result of the measurement instrument capturing different things, not because there's been any real change in condition. So I would question the need for a new medical evaluation in this situation where there has been no change. However, like I said, I don't want providers running into trouble either during DOH survey and/or with OMIG in the future, and so we request clarification. Is a new 4449-C required because the RUGs category has changed in those circumstances where it is only because of the new measurement instrument?

    There has been no change to Program Policy. Whenever there is a change in RUG Category, as determined by the UAS-NY Community Assessment (formerly the PRI), the ALP Medical Evaluation (DSS 4449C) must be completed.

Reimbursement Questions

1. After the completion of the UAS-NY, the majority of the residents are receiving new RUG scores. Are these considered RUG changes and if so, does the provider need to complete new RUG packets with a new certification date?

    ALP billing should be submitted based on the appropriate RUG category, which is generated as a result of the UAS-NY Community Assessment. This billing is subject to OMIG review. Whether the RUG score changes or not, the ALP is expected to follow program requirements for re-assessment and documentation.

2. Somewhat related to question 1, using the UAS-NY, each resident has a new RUG score (e.g. a resident who was previously a PB is now a PA-2). Is this considered a RUG change or just the same score based on the crosswalk?

   See response to question 1.

3. What does the reason code 45 mean? The assessment produced a RUG score of BA2 which has a rate code of 3319. The facility billed this rate code and received the correct payment; however the reason code was 45. And if the facility billed incorrectly, why was the rate paid?

   Please contact Computer Sciences Corporation (CSC) at 800-343-9000 for questions related to claiming.

4. Are the facilities allowed to bill for the new rates attached to the new RUG scores that are being generated by the UAS-NY?

   Yes. Facilities should bill based on the RUG III HC score generated by the UAS-NY and must be accurate. Please refer to the January 31, 2014 memo on "Generating RUG III Scores and Calculating Hours of Formal Care" for additional information.

5. What is the consequence of submitting an overdue UAS-NY? I think this question is asked in the context that some ALPs might have begun using the UAS-NY (in place of the PRI and 4449) after the mandatory due date to begin. However, the question is probably more broadly applicable to anytime the UAS-NY is "overdue", regardless of why.

   When an assessment is overdue, the resident's continued eligibility for ALP services is unknown and it becomes questionable whether the RUGS category being billed is accurate. Any inaccuracies in billing are subject to disclosure and recoupment. OMIG will enforce these rules. The Department expects that UAS assessments will be completed within the required timeframes.

6. In continuation with the above: the ALP reimbursement rate is not based on direct calculation of the time spent on each and every service provided in response to a resident's scheduled and unscheduled needs; rather it is a capitated rate that averages and blends, in addition to other factors, all of the personal care and home care services provided on a 24-hour basis.

   There has been no change to Program Policy.

7. One of the Associations asked for clarification on the following information provided to their members:

   "Section K: Treatments/Procedures of the Functional Supplement includes Formal Care Days and total minutes of care in last 7 days": The DOH written guidance provides some detail on how to "capture the number of minutes spent by formal caregiving agencies...in the last 7 days"**.** ESAAL members have expressed uncertainty and concern as to whether this means that there is a new expectation that they document minutes/time for each personal care or home health service at the time of service provision. Your response was that this item is not connected to billing, but rather is a necessary good faith estimate by the ALP provider to record average time spent so that the information can be used in the RUG III score calculation. In addition, you indicated that documentation of exact time spent for each and every task is not the intention of your guidance, nor do you have any indication that the Department's position has changed in this regard; however, you would like to verify with DOH-Medicaid officials.

   This is correct.

8. One of the Associations asked for clarification on the following information provided to their members:

   Because of the nature of the ALP program, documentation of time spent on each task has never been required, nor should it be going forward. (At the same time, in the past ALPs have documented, and should continue to be expected to document, that certain tasks—e.g. toileting assistance—were provided, as per LHCSA regulation.) We believe this position to be consistent with the Department's repeated guidance that the UAS process is not intended to impose "programmatic changes."

   There has been no change to Program Policy.

9. One of the Associations asked for clarification on the following information they provided to their members:

   The "Formal Care Item" and use of the 7 day look back period: Since use of the UAS began, ALP providers have inquired as to the accuracy of scoring for a resident that is admitted or returns from rehabilitation or a hospital. In these circumstances, there is concern that applying the UAS guidance of a 7 day look back period may not necessarily result in a RUG III score that accurately reflects the person's current situation. In response, the Department email guidance was: "In this and similar instances, the assessor should not record formal care received prior to the return to ALP". During our call you indicated that there are some circumstances when using the look back period does not make sense and that guidance in the "Community Assessment Reference Manual" gives UAS assessors the flexibility to <u>not</u> use it, or to use some but not all of it, when there is justification to do so. We discussed two scenarios: 1) if the person returns from

rehabilitation and is no longer receiving PT services: rather than report on the person in the past seven days, it may make sense to report on the formal tasks required in the "here and now". 2) on the other hand, if the returning resident is continuing to receive PT services, using some or all of the look back period may be justified. (While the example described in the Informational Message and during our conference call was specific to rehab, I believe that it would be reasonable to apply similar analysis when a person returns from a hospital. Please advise.)

This is correct.

10. Please provide us with clear written guidance that there is not a new requirement for documentation of minutes spent at the time of each service.

    There has been no change to Program Policy.

11. One of the Associations asked for clarification on the following information they provided to their members:

    Additional guidance that was provided to ALP members based on our discussion during the conference call: I reported to ALP members that neither the guidance provided by the Department nor the Association' subsequent analysis suggests that they should delay completing the UAS (assuming there's a suspected significant change in condition) upon the person's return (i.e. do not wait for 7 days after return to perform the reassessment). Rather they should conduct the assessment upon return but, when determined appropriate based on the Department's guidance, base their responses on the person's needs upon return, not during the look back window. Next, I advised them to always be mindful that a resident's needs may change significantly (i.e. improve) sometime after having returned to the ALP; once identified, the ALP has an obligation to reassess. Last, I emphasized that when applying the look back, there are some scenarios where there are not always hard and fast rules. Therefore, they should use the opportunities provided within the UAS document to provide comments to justify the methodology and reasoning that they used for that component of the assessment.

    This is correct.