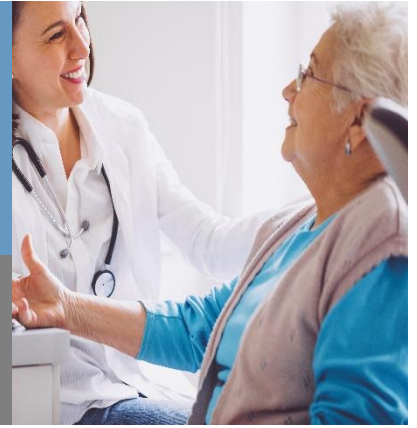


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SENIOR INTELLIGENCE™
THE COMMUNITY MEDICAID INDEPENDENT ASSESSOR

The Medicaid process starts with an application establishing financial eligibility. Once approved, the applicant must be assessed to determine the level of care. The provision of care is handled through a Managed Long Term Care agency (“MLTC”)

On May 16, 2022, the Department of Health implemented a change in how Medicaid recipients are assessed for enrollment into MLTC plans. Now, all assessments must be done by the New York Independent Assessor (“NYIA”). Here are the steps involved in this procedure:

STEP 1, REQUEST AN INITIAL ASSESSMENT:

- ❖ The initial assessment is composed of a Community Health Assessment (“CHA”) and Clinical Appointment (“CA”). The CHA and CA are used to develop a plan of care to address an applicant’s Community Based Long Term Services and Supports.
- ❖ **To schedule the initial assessment, applicants may call 1-855-222-8350, Monday through Friday, from 8:30 am to 8:00 pm; or Saturday from 10:00 am to 6:00 pm.**
 - Both the CHA and CA must be scheduled and completed within 14 days of the initial call.
 - Independent assessment appointments can occur Monday through Friday 8:30 am – 5:00 pm; or Saturday and Sunday 10:00 am – 6:00 pm.

STEP 2, COMMUNITY HEALTH ASSESSMENT:

- ❖ The CHA guides the development of an individualized long term care service plan. During the CHA, a nurse from the NYIA will complete an evaluation of the applicant’s individual health status, with a focus on the applicant’s strengths, needs, and preferences. This assessment can be completed in-person or via telehealth.
- ❖ The CHA is valid for 12 months unless another CHA is required due to significant change in the applicant’s condition or if the applicant requests another CHA sooner.

STEP 3, CLINICAL APPOINTMENT:

- ❖ The CA will be conducted by an Independent Practitioner Panel (“IPP”) comprised of independent clinicians including Medical Doctors, Doctors of Osteopathy, Nurse Practitioners, and Physician or Specialty Assistants. The IPP will examine the applicant in person or through telehealth and review the application’s CHA. The IPP’s goal is to determine whether the applicant is sufficiently medically stable to receive Personal Care Services.

STEP 4, RECEIPT OF OUTCOME NOTICE:

- ❖ Upon completion of the CHA and CA, the applicant will receive an outcome notice indicating his or her eligibility for MLTC enrollment
 - If NYIA **denies** MLTC enrollment, the applicant is entitled to a Fair Hearing. A Fair Hearing is an opportunity for the applicant or one of their representatives to tell an Administrative Law Judge why the denial was improper.
 - If NYIA **approves** MLTC enrollment, the applicant will be instructed to call NYIA for MLTC plan options.
 - If the MLTC plan states that the applicant requires **less than 12 hours of care**, the applicant may enroll into an MLTC plan
 - If the MLTC plan states that the application requires **12 or more hours of care**, the applicant must complete Step 5 below.

STEP 5, INDEPENDENT REVIEW PANEL:

- ❖ When the MLTC’s proposed plan of care consists of **12 or more hours of care**, the MLTC must refer the applicant to the Independent Review Panel (“IRP”). Because the proposed plan calls for such a high level of care, Medicaid requires the IRP to make an additional determination that the plan will maintain the applicant’s health and safety at home.
- ❖ The IRP must make its decision within six days.
- ❖ Applicants may enroll in the plan prior to the IRP referral or while the IRP is pending.

DO YOU WANT TO LEARN MORE?

**Talk to an attorney at Lamson & Cutner, P.C.,
to learn more about the NYIA.**

Call us now at (212) 447-8690