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| LOCAL COMMISSIONERS MEMORANDUM |
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DSS-4037EL (Rev. 9/89)

Transmittal No: 91 LCM-154

Date: August 28, 1991

Division: Medical Assistance

TO: Local District Commissioners

SUBJECT: Information and Training Sessions:
Shared Aide and Personal Emergency Response Systems (PERS)

ATTACHMENTS: Attachment A - Response Form (Available on-line)

The Department in cooperation with the local social services districts is in the process of implementing two major program initiatives, Shared Aide and PERS. To assist the districts in carrying out these important endeavors, the Division of Medical Assistance has scheduled a series of Information/Training sessions. It is suggested that staff responsible for the development and implementation of these initiatives in each district attend one of these sessions.

These sessions will cover:

1. Shared Aide
 - a. Overview of programmatic requirements including the regulation and Administrative Directive.
 - b. Technical question and answer period.
2. PERS
 - a. Overview of programmatic requirements including the legislation, regulation and Administrative Directive.
 - b. Technical question and answer period.

The question and answer portion of the agenda is intended to allow district staff ample opportunity to address their concerns regarding these initiatives and obtain needed technical assistance.

The sessions are scheduled for the following times and locations:

Albany
September 25, 1991
10:00 AM - 4:00 PM
New York State Department of Social Services
OHRD Conference Room: Room 809
1 Commerce Plaza

Rochester
October 3, 1991
10:00 AM - 4:00 PM
New York State Department of Social Services
Local District Liaison Office Conference Room
259 Monroe Avenue (1 Monroe Square)

Syracuse
October 4, 1991
10:00 AM - 4:00 PM
Onondaga County Department of Long Term Care
VanDuyn Home and Hospital
5060 West Seneca Turnpike

White Plains
October 11, 1991
10:00 AM - 4:00 PM
Westchester County Department of Social Services
Basement Conference Room
85 Court Street

If you or your staff wish to attend one of these sessions, please complete the enclosed response form and return it by September 18, 1991 to:

New York State Department of Social Services
Division of Medical Assistance
Bureau of Long Term Care
One Commerce Plaza - Room 607
Albany, NY 12210
Attention: Richard Alexander

You may fax your response to (518) 473-4232.

If you have specific questions or concerns that you would like addressed at these sessions, please include them in the space indicated in the response form.

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I hope these sessions will be of assistance in your efforts to implement these initiatives. Please contact Richard Alexander of my staff at 1-800-342-3715, extension 3-5654 or directly at (518) 473-5654 with any questions you may have regarding this letter or for directions to the training sites.

Jo-Ann A. Costantino
Deputy Commissioner
Division of Medical Assistance

ATTACHMENT A

INFORMATION AND TRAINING SESSION
SHARED AIDE AND PERS

From: _____ Department of Social Services
Contact: _____ Telephone _____

The following staff from this department will attend the Information and Training Session for Shared Aide and PERS to be held on _____ (date) at _____ (location)

Are their specific questions or concerns you would like addressed at this session? If yes, please describe:

Please return completed forms by September 18, 1991 to:

New York State Department of Social Services
Division of Medical Assistance
Bureau of Long Term Care
40 North Pearl Street
Albany, NY 12243
Attention: Richard Alexander

Forms may be faxed to: (518) 473-4232