

++ +-----+ ++
 +--+ ASSESSMENT OF EFFICIENCIES +--+
 ++ +-----+ ++

EFFICIENCY	CLIENT ELIGIBILITY	PROGRAM CHARACTERISTICS
Personal Emergency Response Services (PERS) Regulation NYCRR 505.33(c)	<ol style="list-style-type: none"> 1. Client has a medical condition, disability or impairment that warrents use of a PERS 2. Client's safety in the home must be monitored 3. Client has insufficient informal caretakers directly and continously available to monitor his/her safety. 4. PERS would eliminate or reduce PCA or HHA hours of service that the client would need 5. Client is alert and self-directing 6. Client or emergency responders can communicate in basic English 7. Client is able to use PERS effectively 8. Client has a telephone with a private line, or is willing to have one installed. 	Purpose is to provide a medically stable client with a mechanism for summoning help in the event of an emergency. Can be used in combination with home health service, personal care services, shared aide, and LTHHCP

++ +-----+ ++
 +--+ | ASSESSMENT OF EFFICIENCIES | +--+
 +--+ +-----+ ++

EFFICIENCY	CLIENT ELIGIBILITY	PROGRAM CHARACTERISTICS
Patient Managed Home Care Program 91 LCM-35	1. Client is eligible for and as determined by an assessment, in need of personal care services, or LTHHCP services, or Aids home care program services, or services provided by CHHAs, including nursing services and home health aide services. 2. Client is able and willing to make informed choices about the type and quality of home care services to be provided; or 3. Client has a legal guardian able and willing to make such choices; or 4. Client has designated a relative or other adult who is able and willing to assist in making such choices.	Chronically ill and/or physically disabled individuals have greater flexibility and freedom of choice in obtaining home care services, while at the same time reducing the administrative costs by allowing the client to arrange and pay for their own home care.

++ +-----+ ++
 +--+ | ASSESSMENT OF EFFICIENCIES | +--+
 +-+ +-----+ +-+

EFFICIENCY	CLIENT ELIGIBILITY	PROGRAM CHARACTERISTICS
Shared Aide Regulation NYCRR 505.14 section K	1. Requires one or more nutritional and environmental support functions, personal care or health related tasks 2. Understands that the PCA or HHA will make short, task oriented visits 3. Is available in the recipient's geographic area	Program is designated in a specific geographic area, i.e. apartment building, where other home health care recipient's reside
Home Health Services Regulation NYCRR 505.23	1. Clients who receive personal care services plus part-time or intermittent nursing services should be considered for referral to a CHHA 2. Can include clients with unstable medical conditions, those who require medical/nursing judgements and changes in the care place 3. Expanded scope of home health tasks may reduce the need for nursing services	CHHAs must supply the following services; Nursing, home health aide, medical supplies, equipment, and appliances; and at least one of the following: P.T. speech/language, O.T., social work and nutrition

++ +-----+ ++
 +--+ | ASSESSMENT OF EFFICIENCIES | +--+
 +-+ +-----+ +-+

EFFICIENCY	CLIENT ELIGIBILITY	PROGRAM CHARACTERISTICS
Personal Care Aides Regulation NYCRR 505.14	1. Clients have a stable medical condition 2. Clients do not require nursing services, only nursing supervision and oversight 3. Review tasks required by the client. Many tasks previously acceptable at the HHA level may now be performed by PCA level II	The NYSDSS Home Care Core Curriculum (HCCC) with 1989 updates reflects the current scope of tasks for PCAs.

++ +-----+ ++
 +--+ | ASSESSMENT OF EFFICIENCIES | +--+
 +--+ +-----+ ++

EFFICIENCY	CLIENT ELIGIBILITY	PROGRAM CHARACTERISTICS
Long Term Home Health Care Program (LTHHCP) Regulation NYCRR 505.21	1. Client's service needs are expected to last beyond 3 months 2. Client requires multiple services and case management 3. Combination services in one program are less costly than if authorized singly	Usually associated with a certified home health agency (CHHA) or residential health care facility (RHCF) or a hospital to provide a wide range of services to persons who are medically eligible for RHCF but whose comprehensive services plan does not exceed a specific cost cap
Assisted Living Program (ALP) Regulation NYCRR 505.35 Part 494	1. Medically eligible for RHCF but can be cared for by ALP 2. RUGS category states client is medically stable and able to care for self 3. Not in need of continual nursing or medical care. If confined to a wheelchair, is able to transfer independently or with the help of one person	Combines adult home or enriched housing programs with home care services to provide residential and supportive services to persons who would otherwise be placed in a nursing home. Services include nursing, PCA, HHA, O.T., P.T., speech therapy, medical equipment or supplies that do not require prior authorization, PERS, adult day health care

++ +-----+ ++
 +--+ | ASSESSMENT OF EFFICIENCIES | +--+
 +--+ +-----+ ++

EFFICIENCY	CLIENT ELIGIBILITY	PROGRAM CHARACTERISTICS
Enriched Housing 488.4(B)	1. Doesn't require continual medical or nursing care or supervision 2. Does not have serious mental disability 3. Is not likely to cause serious danger to self or others 4. Not chronically bedfast or chairfast 5. No uncontrolled urinary or bladder incontinence 6. Will comply with medical treatment - self-directing * There are 16 eligibility criteria. The six above represents a partial listing.	Adult care facility provides long term residential care to 5 or more adults. Provides room & board, personal care & supervision. Client will need to be evaluated for physical & mental eligibility for program

++ +-----+ ++
 +--+ | ASSESSMENT OF EFFICIENCIES | +--+
 +-+ +-----+ +-+

EFFICIENCY	CLIENT ELIGIBILITY	PROGRAM CHARACTERISTICS
Specialized Medical Equipment	1. Client or informal caregivers are able to use medical equipment such as insulin pens which would reduce the need for nursing, HHA, or PCA visits	Social Service districts and home care agencies should be alert to new technologies which might reduce or eliminate the client's need for home care services. (New specialized equipment may not initially be reimbursable under Medicaid)
Adult Day Health Program	1. Client eligibility varies with each program. 2. Needed services are provided in congregate setting. Client benefits from socialization	Structured and supervised environment for persons requiring short-term medical intervention during the day. Support Services may include nursing, P.T. & case management. Social Services districts should be aware of the eligibility requirements for each program

FISCAL ASSESSMENT REVIEW/DISPOSITION COVER SHEET

ATTACHMENT 8

PROVIDER NAME _____ CLIENT NAME _____ +-----+

FISCAL ASSESSMENT DATE _____ CLIENT ID # _____

TO BE COMPLETED BY THE CHHA

TO BE COMPLETED BY LOCAL DIST

EFFICIENCIES APPROPRIATE AVAILABLE REMARKS

LOCAL DISTRICT DISPOSITION

	<u>YES</u>		<u>NO</u>		REMARKS
	YES	NO	YES	NO	
PT. MANAGED CARE	___	___	___	___	_____
PERS	___	___	___	___	_____
SHARED AIDE	___	___	___	___	_____
ENRICHED HOUSING	___	___	___	___	_____
HOME HEALTH SERV	___	___	___	___	_____
PC AIDES	___	___	___	___	_____
LTHHCP	___	___	___	___	_____
ASSISTED LIVING	___	___	___	___	_____
SPEC. MED EQUIP	___	___	___	___	_____
ADULT DAY HEALTH	___	___	___	___	_____

LOCAL DISTRICT REVIEW DATE _____

(1) APPROVED AS SUBMITTED

(2) ADDITIONAL ACTION NEEDED

(a) PHONE CONSULTATION
resulting in:
approved () date _____
denial () date _____

(b) REFERRED TO LOCAL F
resulting in:
care plan change
concurrent with CF

(c) REQUEST ADDITIONAL I
documentation requested
date requested _____

(d) CONSULTATION WITH R
resulting in: _____

COMMENTS _____
CONSIDERATION

(e) RETURNED FOR EVIDENCE OF
date returned _____

SIGNATURE _____ PHONE # _____

(3) FINAL DECISION _____
SIGNATURE _____ TITLE _____

CHHA SHOULD ATTACH COMPLETED FORM AS COVER SHEET FOR
EACH FISCAL ASSESSMENT PACKET SENT TO THE DISTRICT

LOCAL DISTRICT SHOULD KEEP COPIES OF
FISCAL ASSESSMENT AND RETAIN AS PART OF RECORDS

ATTACHMENT 9
 SCHEDULE A
 +-----+

+-----+
 AVERAGE MONTHLY GENERAL HOSPITAL
 COSTS BY REGION AND DISTRICT
 +-----+

REGION	MONTHLY COSTS	DISTRICTS
WESTERN	\$15,618.05	Allegany, Cattaraugus, Chautauque
LONG ISLAND	\$19,338.92	Nassau, Suffolk
NEW YORK CITY	\$22,791.21	Bronx, Kings, New York, Queens
NORTH EASTERN	\$18,715.68	Albany, Clinton, Essex, Fulton, Schoharie, Warren, Washington
NORTH METROPOLITAN	\$17,988.11	Columbia, Delaware, Dutchess, Ulster, Westchester
UTICA	\$15,317.53	Franklin, Otsego, Herkimer, Madison, Chenango
CENTRAL	\$21,138.37	Chemung, Schuyler, Steuben, Warren, Cayuga.
ROCHESTER	\$18,747.62	Livingston, Monroe, Ontario,
WATERTOWN	\$13,666.21	Jefferson

+-----+

: AVERAGE MONTHLY ICF/DD RATES :
: IN REGION BY DISTRICT :
+-----+

REGION	MONTHLY AMT	DISTRICT
<hr style="border-top: 1px dashed black;"/>		
REGION I	\$5,965.01	NEW YORK, BRONX, KINGS, QUEENS, RICHM
REGION II	\$5,708.90	PUTNAM, ROCKLAND, NASSAU, SUFFOLK WESTCHESTER
REGION III	\$5,776.13	INCLUDES ALL OTHER COUNTIES IN NYS

+-----+
! COUNTIES AND REGIONS !
! TO BE USED FOR RUGS !
+-----+

<u>REGION</u>	<u>COUNTIES IN REGION</u>
ALBANY	ALBANY, COLUMBIA, GREENE, MONTGOMERY, RENSS SCHOHARIE, FULTON.
BINGHAMTON	BROOME, TIOGA
ERIE	CATTARAUGUS, CHAUTAUQUA, ERIE, NIAGARA, ORLE
ELMIRA	CHEMUNG, STEUBEN, SCHUYLER
GLENS FALLS	ESSEX, WARREN, WASHINGTON
LONG ISLAND	NASSAU, SUFFOLK
ORANGE	CHENANGO, DELAWARE, ORANGE, OTSEGO, SULLIV
NEW YORK CITY	BRONX, KINGS, QUEENS, RICHMOND, NEW YORK
POUGHKEEPSIE	DUTCHESS, PUTNAM
ROCHESTER	LIVINGSTON, MONROE, ONTARIO, WAYNE
CENTRAL RURAL	CAYUGA, CORTLAND, SENECA, TOMPKINS, YATES
SYRACUSE	MADISON, ONONDAGA
UTICA	HERKIMER, JEFFERSON, LEWIS, ONEIDA, OSWEGO
WESTCHESTER	ROCKLAND, WESTCHESTER
NORTHERN RURAL	CLINTON, FRANKLIN, HAMILTON, ST.LAWRENCE
WESTERN RURAL	ALLEGANY, GENESEE, WYOMING

AVERAGE MONTHLY COST FOR RUGS
 CATEGORY BY REGION

SKILLED NURSING RUGS

	RA	RB	SA	SB	CB	CC	CD	BB	BC	PC	PD	PE
ALBANY			3,728	4,042	3,644	3,989	3,165	3,364	3,827			
BINGHAMTON			3,508	3,798	3,433	3,745	2,994	3,176	3,601			
ERIE			3,459	3,743	3,381	3,700	2,942	3,124	3,547			
ELMIRA			3,709	4,013	3,620	3,952	3,153	3,352	3,802			
GLENS FALLS			3,515	3,811	3,436	3,749	2,991	3,178	3,610			
LONG ISLAND			5,189	5,668	5,065	5,542	4,363	4,662	5,346			
ORANGE			4,080	4,425	3,985	4,371	3,453	3,674	4,187			
NEW YORK CITY			5,561	6,070	5,428	5,938	4,681	4,999	5,728			
POUGHKEEPSIE			3,816	4,140	3,735	4,087	3,244	3,446	3,920			
ROCHESTER			3,724	4,031	3,645	3,996	3,169	3,363	3,821			
CENTRAL RURAL			3,387	3,661	3,318	3,614	2,904	3,075	3,476			
SYRACUSE			3,948	4,279	3,863	4,212	3,366	3,573	4,055			
UTICA			3,433	3,712	3,355	3,663	2,927	3,106	3,520			
WESTCHESTER			4,761	5,180	4,655	5,100	4,025	4,286	4,897			
NORTHERN RURAL			3,210	3,476	3,132	3,422	2,724	2,898	3,291			
WESTERN RURAL			3,193	3,449	3,121	3,415	2,722	2,887	3,271			

+-----+

RUG CATEGORIES

RUG CATEGORY

ABBREVIATION

HEALTH RELATED RUGS

Clinically Complex A	CA
Behavioral A	BA
Reduced Physical Functioning A	PA
Reduced Physical Functioning B	PB

SKILLED NURSING RUGS

Rehabilitation A	RA
Rehabilitation B	RB
Special Care A	SA
Special Care B	SB
Clinically Complex B	CB
Clinically Complex C	CC
Clinically Complex D	CD
Behavioral B	BB
Behavioral C	BC
Reduced Physical Functioning C	PC
Reduced Physical Functioning D	PD
Reduced Physical Functioning E	PE

! ATTACHMENT 9 !
! SCHEDULE D !

+-----+
! AVERAGE HOME HEALTH SERVICES RATES!
+-----+

COUNTY	NURSING	PHYSICAL THERAPY	SPEECH PATHOLOGY	OCCU TIONA THERAP
ALBANY	65.92	63.25	69.49	65.32
ALLEGANY	50.44	60.00	60.00	0.00
BROOME	70.97	74.66	72.38	68.08
CATTARAUGUS	64.00	55.00	0.00	31.09
CAYUGA	73.00	58.89	61.00	60.00
CHAUTAUQUA	0.00	0.00	0.00	0.00
CHEMUNG	77.00	60.52	66.00	24.53
CHENANGO	58.60	63.92	0.00	0.00
CLINTON	66.00	65.00	70.00	70.00
COLUMBIA	55.00	56.00	58.00	57.00
CORTLAND	84.00	60.00	74.00	72.42
DELAWARE	70.03	63.65	64.00	64.00
DUTCHESS	74.85	66.09	69.43	67.29
ERIE	63.35	64.96	69.17	63.84
ESSEX	60.00	62.00	80.00	80.00
FRANKLIN	50.00	64.00	68.00	62.36
FULTON	65.00	65.00	65.00	65.00
GENESEE	75.00	59.00	70.00	64.62

* Rates are per visit unless otherwise specified

COUNTY	NURSING	PHYSICAL THERAPY	SPEECH PATHOLOGY	OCCU TIONA THERAP
GREENE	56.82	65.92	75.68	51.74
HAMILTON	75.00	70.00	0.00	0.00
HERKIMER	35.00	41.01	47.00	0.00
JEFFERSON	68.00	69.64	87.21	77.00
LEWIS	84.00	57.48	0.00	0.00
LIVINGSTON	84.00	50.70	62.40	55.49
MADISON	44.47	67.16	55.68	53.83
MONROE	68.11	63.51	75.50	62.14
MONTGOMERY	63.50	62.50	62.50	62.50
NASSAU	83.74	70.73	69.12	66.86
NIAGARA	58.87	55.03	61.45	58.90
ONEIDA	56.64	52.88	55.52	51.82
ONONDAGA	66.93	65.10	66.24	69.18
ONTARIO	65.41	62.93	68.00	68.00
ORANGE	82.50	63.63	66.62	63.41
ORLEANS	60.00	60.00	0.00	59.63
OSWEGO	71.00	70.18	48.88	64.00
OTSEGO	64.23	73.23	80.93	72.94
PUTNAM	88.00	85.00	0.00	0.00

*Rates are per visit unless otherwise specified

COUNTY	NURSING	PHYSICAL THERAPY	SPEECH PATHOLOGY	OCCU TIONA THERAP
RENSELAER	55.79	62.91	53.45	62.78
ROCKLAND	71.00	80.00	65.44	56.49
ST. LAWRENCE	43.50	55.00	53.76	53.34
SARATOGA	70.00	63.48	65.00	64.02
SCHENECTADY	60.25	58.97	57.99	66.03
SCHOHARIE	84.00	76.00	0.00	0.00
SCHUYLER	43.00	60.00	68.00	0.00
SENECA	41.70	21.39	20.00	20.00
STEUBEN	73.00	62.00	78.51	77.30
SUFFOLK	82.37	60.55	52.49	50.42
SULLIVAN	87.70	68.74	75.85	78.42
TIOGA	76.98	69.00	60.00	84.79
TOMPKINS	68.27	60.52	64.83	50.34
ULSTER	66.00	65.75	66.67	71.82
WARREN	55.00	65.00	65.00	65.00
WASHINGTON	65.36	72.00	80.00	75.00
WAYNE	72.14	77.75	84.46	35.95
WESTCHESTER	91.27	69.45	70.94	67.48
WYOMING	55.00	52.00	0.00	0.00
YATES	46.65	65.00	0.00	0.00
NEW YORK CITY	83.53	72.22	72.72	68.92

* Rates are per visit unless otherwise indicated.