

NOTICE OF DECISION TO REDUCE  
(FISCAL ASSESSMENT)  
HOME HEALTH SERVICES

NOTICE DATE:		EFFECTIVE DATE:		NAME AND ADDRESS	
CASE NUMBER		CIN NUMBER			
CASE NAME AND ADDRESS					
				GENERAL TELEPHONE	
				OR Agency Conference Fair Hearing and assistance Record Access Legal Assistance	
Office No.	Unit No.	Worker No.	Unit or Worker No.		

We are reducing your Home Health Services effective \_\_\_\_\_.

You will receive services FROM \_\_\_\_\_ TO \_\_\_\_\_ as long as Assistance and your service needs do not change.

Your services are being reduced:

FROM: (LIST SERVICES HERE, NURSING, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH PATHOLOGY, HOME HEALTH AIDE SERVICES, etc. DETAIL FREQUENCY OF EACH SERVICE.)

---



---



---

TO: (LIST SERVICES HERE, NURSING, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH PATHOLOGY, HOME HEALTH AIDE SERVICES, etc. DETAIL FREQUENCY OF EACH SERVICE.)

---



---



---

BECAUSE:

+-----+

RIGHT TO A CONFERENCE: You may have a conference to review these actions. If for one as soon as possible. At the conference, if we discover that we information you provide, we determine to change our decision, we will give you notice. You may ask for a conference by calling us at the number on the written request to us at the address listed at the top of the first page asking for a conference. It is not the way you request a fair hearing. If you ask for a conference, you are not entitled to a fair hearing. If you want to have your benefits continued after a fair hearing decision, you must request a fair hearing in the way described below. If you request a conference, it will not result in continuation of benefits. Read below for fair hearing information.

RIGHT TO A FAIR HEARING: If you believe that the above action is wrong, you may request a fair hearing.

(1) Telephoning: (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL)

If you live in: New York City (Manhattan, Bronx, Brooklyn, Queens, Richmond)

If you live in: Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans

If you live in: Allegany, Chemung, Livingston, Monroe, Ontario, Schuyler  
(716) 266-4868

If you live in: Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson  
Oswego, St. Lawrence, Tompkins or Tioga County: (315) 487-2222

If you live in: Albany, Clinton, Columbia, Delaware, Dutchess, Essex, Fulton,  
Montgomery, Nassau, Orange, Otsego, Putnam, Rensselaer, Saratoga, Schoharie,  
Suffolk, Sullivan, Ulster, Warren, Washington

OR

(2) Writing: By sending a copy of this notice completed, to the Fair Hearing Unit,  
Social Services, P.O. Box 1930, Albany, New York 12201. Please keep a copy.

++

++ I want a fair hearing. The Agency's action is wrong because:

---

---

---

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

Address ..... \_\_\_\_\_

Telephone Number ... \_\_\_\_\_ Case Number \_\_\_\_\_

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING.

If you request a fair hearing, the State will send you a notice informing you of your rights. You have the right to be represented by legal counsel, a relative, a friend, or yourself. At the hearing you, your attorney or other representative will present oral evidence to demonstrate why the action should not be taken, as well as you may appear at the hearing. Also, you have a right to bring witnesses to support your case at the hearing any documents such as this notice, medical bills, medical verification, etc. in presenting your case.

NOTICE OF DECISION TO DISCONTINUE  
(FISCAL ASSESSMENT)  
HOME HEALTH SERVICES

NOTICE DATE:	EFFECTIVE DATE:	NAME AND ADDRESS	
CASE NUMBER	CIN NUMBER		
CASE NAME AND ADDRESS			
		GENERAL TELEPHONE	
		OR Agency Conference Fair Hearing and assistance Record Access Legal Assistance	
Office No.	Unit No.	Worker No.	Unit or Worker No.

This is to inform you that we intend to discontinue Medical Assistance payment for the home health services that you are currently receiving term services listed below become available. This discontinuance this notice which is \_\_\_\_\_.

We are taking this action because the Local Professional Director or (

- The average monthly cost of your home health services; monthly cost of residential health care facility (RHCf) services; financially responsible for your Medical Assistance.

Based on your fiscal assessment, the average monthly cost of \_\_\_\_\_ and 90% of the average monthly cost of RHCf services in your \_\_\_\_\_ of your services is \$\_\_\_\_\_ OVER the 90% of RHCf cost

- Your case does not meet any of the EXCEPTION CRITERIA listed
- Based on your current medical condition, you must be referred to \_\_\_\_\_ care services :

---



---



---

If you request a fair hearing, the State will send you a notice informing you of your rights. You have the right to be represented by legal counsel, a relative, a friend, or yourself. At the hearing you, your attorney or other representative will present oral evidence to demonstrate why the action should not be taken, as well as

EXCEPTION CRITERIA  
FOR DISCONTINUANCE OF HOME HEALTH SERVICES

The local professional director, or his or her designee, has determined the following exception criteria. This means that you must be referred to the local professional director for your needs. However, the Medical Assistance (MA) program will continue to provide the other appropriate long-term care services become available to you. The local professional director providing you with home health services will notify you when other appropriate services become available to you.

If you disagree with the determination of the local professional director that you meet at least one of the following exception criteria, you may appeal for home health services to continue unchanged until the fair hearing decision is made. The local professional director is attached notice to learn how you may ask for a State fair hearing and appeal.

The exception criteria are as follows:

1. You are not medically eligible for residential health care facility long-term care services, including other residential long-term care services.

2. Home health services are cost-effective when compared to residential health care services appropriate for your needs. The local professional director or his or her designee determines if home health services are cost-effective by following these rules:

a. If you would be placed in a general hospital, the local professional director compares the average monthly costs of the home health services you are reasonably expected to need for 12 months to the average monthly costs of care in a general hospital. The Department of Health determines the average monthly costs of care in a general hospital by adding the payments made to all general hospitals in the region (DRG) in which you would be classified, dividing the result by the sum of the number of days classified in such DRG, multiplying the result by 365 and further dividing by the number of days in the year.

b. If you would be placed in an intermediate care facility, the local professional director or designee compares the average monthly costs of the home health services you are reasonably expected to need for 12 months to the regional rate of payment for intermediate care facilities for developmentally disabled, as determined by the Department in consultation with the Department of Developmental Disabilities.

c. If you would be placed in a residential health care facility, the local professional director or designee compares the average monthly costs of the home health services you are reasonably expected to need for 12 months to the average monthly costs of residential health care services in the district for recipients who are classified in the same resource utilization group which you would be classified.

d. If you would be placed in other residential long-term care services, the local professional director or designee compares the average monthly costs of the home health services that you are reasonably expected to need for 12 months to the average monthly costs of such other residential long-term care services or non-residential long-term care services as determined by the Department.

3. You are employed. You are employed if you work and your work activities for which you are paid or from which you receive or could receive compensation. The local professional director or designee determines whether you are employed by using the federal regulations that determine whether someone who seeks disability benefits under Title II of the Social Security Act is engaged in "substantial gainful activity." These regulations are located at 20 C.F.R. 404.1505.