

ASSESSMENT OF EFFICIENCIES

EFFICIENCY	CLIENT ELIGIBILITY	PROGRAM CHARACTERISTICS
Personal Emergency Response Services (PERS) Regulation NYCRR 505.33(c)	1. Client has a medical condition, disability or impairment that warrents use of a PERS in combination with home health service, 2. Client's safety in the home must be monitored LTHHCP 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 personal care services, shared aide, and

ASSESSMENT OF EFFICIENCIES

EFFICIENCY	CLIENT ELIGIBILITY	PROGRAM CHARACTERISTICS
Patient Managed Home Care Program 91 LCM-35	<p>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.</p> <p>2. Client is able and willing to make informed choices about the type and quality of home care services to be provided; or</p> <p>3. Client has a legal guardian able and willing to make such choices; or</p> <p>4. Client has designated a relative or other adult who is able and willing to assist in making such choices.</p>	<p>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.</p>

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

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

	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  
concurred with CHHA

(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 PER



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, Tioga, Cayuga.
ROCHESTER	\$18,747.62	Livingston, Monroe, Ontario, Yates
WATERTOWN	\$13,666.21	Jefferson

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

REGION	MONTHLY AMT	DISTRICT
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

REGION

COUNTIES IN REGION

ALBANY

ALBANY, COLUMBIA, GREENE, MONTGOMERY, RENSSELAIRE, FULTON.

BINGHAMTON

BROOME, TIoga

ERIE

CATTARAUGUS, CHAUTAUQUA, ERIE, NIAGARA, ORLEANS

ELMIRA

CHEMUNG, STEUBEN, SCHUYLER

GLENS FALLS

ESSEX, WARREN, WASHINGTON

LONG ISLAND

NASSAU, SUFFOLK

ORANGE

CHENANGO, DELAWARE, ORANGE, OTSEGO, SULLIVAN

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

HEALTH RELATED RUGS

	CA	BA	PA
-----			
ALBANY	2,484	2,466	2,111
BINGHAMTON	2,367	2,350	2,027
ERIE	2,323	2,306	1,980
ELMIRA	2,483	2,469	2,113
GLENS FALLS	2,348	2,333	2,001
LONG ISLAND	3,326	3,306	2,779
ORANGE	2,700	2,681	2,284
NEW YORK CITY	3,577	3,555	2,994
POUGHKEEPSIE	2,548	2,527	2,169
ROCHESTER	2,507	2,485	2,139
CENTRAL RURAL	2,315	2,298	1,995
SYRACUSE	2,650	2,632	2,265
UTICA	2,317	2,302	1,980
WESTCHESTER	3,121	3,097	2,634
NORTHERN RURAL	2,138	2,126	1,815
WESTERN RURAL	2,164	2,148	1,851

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 CATAGORIES

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
RENSSELAER	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.