I. IDENTIFYING INFORMATION

A. Social Services District: ________________________________

B. Name and Address of Delegee ________________________________
   Agency/Entity: ________________________________
   (if applicable) ________________________________

C. Name and Title of Person Completing Report: ________________________________

D. Telephone: (_ _ _) _ _ _ - _ _ _ _, extension _ _ _ _

E. Fax: (____)_ _ _-_ _ _ _

F. Reporting Period: From: _ _ / _ _ / _ _ To: _ _ / _ _ / _ _

G. Date of Report Completion: ________________________________

II. IMPLEMENTATION SUMMARY

Complete the chart below summarizing the status of your shared aide program. Report the total, unduplicated number of clients and provider agencies in your non-shared aide program and the total, unduplicated number of clients and provider agencies in your shared aide program at the end of the reporting period. For those clients in your shared aide program, indicate the total number of hours which were or would have been authorized under the non-shared aide program and the total number of hours which were authorized under the shared aide program. Show the total number of shared aide sites at the end of the reporting period and specify site locations by naming cities/towns, or boroughs, or by briefly describing the geographical area.

<table>
<thead>
<tr>
<th>Shared Aide Program</th>
<th>Clients, Non-Shared Aide Program (#)</th>
<th>Clients, Non-Shared Aide Program (#)</th>
<th>Authorized Hours, Non-Shared Aide Program (#)</th>
<th>Authorized Hours, Shared Aide Program (#)</th>
<th>Shared Aide Sites (#)</th>
<th>Site Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

________________________________________________________________________________________________________________________
II. IMPLEMENTATION SUMMARY (CONT)

B. Complete and attach a Site Profile* for each new shared aide site added during the reporting period and not included in the shared aide plan approved by the Department.

* Part B of APPENDIX A of the 1992 Shared Aide Administrative Directive

III. SIGNIFICANT DEVELOPMENTS OR PROBLEMS

Briefly describe any significant developments or problems which occurred during the reporting period. You experienced difficulties in recruiting provider agencies or encountered unexpected client resistance at one of your planned shared aide sites which has delayed implementation; you had one or more fair hearing requests; you conducted a client satisfaction survey or some other monitoring activity and have outcomes to report; or you determined that additional staff were necessary to implement or expand your shared aide program or you hired new staff.

Attach and label materials redesigned or developed during the reporting period. Use and attach additional sheets of paper if you need more space for your description.

If no significant developments or problems occurred during the reporting period, leave this section blank.

Submit Quarterly Report no later than thirty business days after end of reporting period to:

New York State Department of Social Services
DMA-LTC
Home Care Unit
P.O. Box 1935
Albany, New York 12201-1935
**SHARED AIDE PROGRAM**
**EXEMPTION CRITERIA AND CONDITIONS**

<table>
<thead>
<tr>
<th>Exemption Criteria</th>
<th>Exemption Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The social services district can document that its existing method of delivering personal care services adequately meets, and can continue to meet, clients' personal care services needs and that a sufficient supply of home care workers is available, and is reasonably expected to continue to be available, to provide personal care services to clients.*</td>
<td>a. The district has reported no waiting lists for personal care services and no underserving of cases on its Annual Plans for Delivery of Personal Care Services and can document that this pattern continues to exist; b. The district can outline a plan for meeting future needs of clients under its existing method of delivering personal care services. The plan must describe the steps to be taken in response to: o a caseload increase; and o an increase in the amount of services needed by clients; and o an increase in the demand for services.</td>
</tr>
<tr>
<td>2. The social services district can document that the number of personal care services clients is either too few to support a shared aide program or so geographically dispersed that the district cannot identify a group of clients for which a shared aide program would be appropriate.</td>
<td>The district can provide current and/or other types of data to verify geographical dispersion of the personal care services caseload or insufficient volume to justify development of a shared aide program. Data must include: o an identification of the size of the current personal care services caseload and the projected size of this caseload at the end of the next calendar year; o a description of the available public and senior housing complexes/developments, including the location and size of each; o an identification of the number of clients receiving personal care services at each complex/development; and o an estimate of the average distance between clients receiving personal care services; and o an identification of the steps taken to explore the development of neighborhood or geographical clusters and a description of the prohibiting factors.</td>
</tr>
</tbody>
</table>

*All districts requesting an exemption must provide this documentation and must document that at least one of the criteria identified in 2-4 exists.*
<table>
<thead>
<tr>
<th>Exemption Criteria</th>
<th>Exemption Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. The social services district can document that the annual costs of delivering personal care services under a shared aide model would be equal to, or greater than, the annual costs of delivering personal care services under the district's existing method.</td>
<td>The district can provide current statistical data to verify that cost savings cannot be achieved by the development of a shared aide program. Statistical data must include:</td>
</tr>
<tr>
<td></td>
<td>o an identification of the factors determination that cost savings cannot be achieved;</td>
</tr>
<tr>
<td></td>
<td>o a description of the assumptions determination is based; and</td>
</tr>
<tr>
<td></td>
<td>o a comparison of the annual costs under its existing method and under a shared aide model, clearly demonstrating the fiscal disadvantage of the shared aide model. The comparison should use average figures for hours of services, distance between clients, and average rates for provision of services.</td>
</tr>
</tbody>
</table>
4. The social services district can document that it has another cost-effective method to improve the efficiency of the delivery of personal care services.

The district can describe a current effort or a projected plan for improving the efficiency of services. This plan may address use of technology (other than Personal Emergency Response Services), systemization, and organizational structure or administration. The plan must include:

- an explanation of how the current effort or anticipated project has/will improve efficiency of personal care services; and
- an explanation of how the improvement will be quantifiably measured; and
- an identification of associated costs, clearly demonstrating cost-effectiveness.

Note: Use of Personal Emergency Response Services (PERS) may be used as a substitute for the above condition.