

SHARED AIDE PROGRAM
QUARTERLY REPORT

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 Completed: _____

II. IMPLEMENTATION SUMMARY

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

Shared Aide Program					
Clients, Non-Shared Aide Program (#)	Clients (#)	Authorized Hours, Non-Shared Aide Program (#)	Authorized Hours, Shared Aide Program (#)	Shared Aide Sites (#)	Site Locations

II. IMPLEMENTATION SUMMARY (CONT)

B. Complete and attach a Site Profile* for each new shared aide site added during the reporting period which is included in the shared aide plan approved by the Department.

* Part B of APPENDIX A of the 1992 Shared Aide Administration Regulations

III. SIGNIFICANT DEVELOPMENTS OR PROBLEMS

Briefly describe any significant developments or problems which occurred during the reporting period. If you experienced difficulties in recruiting provider agencies or encountered unexpected client needs at your planned shared aide sites which has delayed implementation; you had one or more sites closed; you conducted a client satisfaction survey or some other monitoring activity and have outcomes that indicate that additional staff were necessary to implement or expand your shared aide program or you had any other significant developments or problems, describe them below.

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

If no significant developments or problems occurred during the reporting period, leave this space 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

Exemption Criteria	Exemption Conditions
<p>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.*</p> <p>* All districts requesting an exemption must provide this documentation <u>and</u> must document that <u>at least one</u> of the criteria identified in 2-4 exists.</p>	<p>a. The district has reported no waiting care services and no underserving. Plans for Delivery of Personal Care must document that this pattern continues.</p> <p>b. The district can outline a plan of clients under its existing method of care services. The plan must describe actions taken in response to:</p> <ul style="list-style-type: none"> o a caseload increase; and o an increase in the amount of care by clients; and o an increase in the demand for care.
<p>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.</p>	<p>The district can provide current and/or other types of data to verify dispersion of the personal care services is insufficient volume to justify a shared aide program. Data must include:</p> <ul style="list-style-type: none"> o an identification of the size of the personal care services caseload and the size of the caseload at the end of the year; o a description of the available housing complexes/developments and the location and size of each; o an identification of the number of personal care services at each complex/development; and o an estimate of the average number of clients receiving personal care services; o an identification of the stage of development of neighborhood and a description of the program.

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EXEMPTION CRITERIA AND CONDITIONS

Exemption Criteria

Exemption Conditions

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.

The district can provide current statistical data that cost savings cannot be achieved by a shared aide program. Statistical data:

- o an identification of the factors that led to the determination that cost savings cannot be achieved;
- o a description of the assumptions that the determination is based; and
- o a comparison of the annual costs of services under its existing method and under a shared aide model, clearly demonstrating the fiscal advantage of the shared aide model. The comparison should include average figures for hours of services, average distance between clients, and average cost of services.

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EXEMPTION CRITERIA AND CONDITIONS

Exemption Criteria

Exemption Conditions

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 for improving the efficiency of services; may address use of technology (other than Response Services), systemization, and organizational structure or administration. The plan must include:

- o an explanation of how the current project has/will improve efficiency of personal care services; and
- o an explanation of how the improvement will be measured; and
- o an identification of associated costs and demonstrating cost-effectiveness

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