### ASSESSMENT OF EFFICIENCIES

<table>
<thead>
<tr>
<th>EFFICIENCY</th>
<th>CLIENT ELIGIBILITY</th>
<th>PROGRAM CHARACTERISTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Emergency Response Services (PERS)</td>
<td>1. Client has a medical condition, disability or impairment that warrents use of a PERS</td>
<td>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, LTHHCP</td>
</tr>
<tr>
<td>Regulation NYCRR 505.33(c)</td>
<td>2. Client's safety in the home must be monitored</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Client has insufficient informal caretakers directly and continously available to monitor his/her safety.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. PERS would eliminate or reduce PCA or HHA hours of service that the client would need</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Client is alert and self-directing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Client or emergency responders can communicate in basic English</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. Client is able to use PERS effectively</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8. Client has a telephone with a private line, or is willing to have one installed</td>
<td></td>
</tr>
<tr>
<td>EFFICIENCY</td>
<td>CLIENT ELIGIBILITY</td>
<td>PROGRAM CHARACTERISTICS</td>
</tr>
<tr>
<td>------------</td>
<td>--------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Patient Managed Home</td>
<td>1. Client is eligible for and as Chronically ill and/or physically disabled</td>
<td>determined by an assessment, in need</td>
</tr>
<tr>
<td>91 LCM-35</td>
<td>services, or LTHCPC freedom of choice in obtaining home care</td>
<td>services, or services provided by</td>
</tr>
<tr>
<td></td>
<td>services, or Aids home care program</td>
<td>CHHAs, including nursing services</td>
</tr>
<tr>
<td></td>
<td>and home health aide services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Client is able and willing to make</td>
<td></td>
</tr>
<tr>
<td></td>
<td>informed choices about the type and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>quality of home care services to</td>
<td></td>
</tr>
<tr>
<td></td>
<td>be provided; or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Client has a legal guardian able</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and willing to make such choices; or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Client has designated a relative or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>other adult who is able and willing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>to assist in making such choices.</td>
<td></td>
</tr>
<tr>
<td>EFFICIENCY</td>
<td>CLIENT ELIGIBILITY</td>
<td>PROGRAM CHARACTERISTICS</td>
</tr>
<tr>
<td>------------</td>
<td>--------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Shared Aide</td>
<td>1. Requires one or more nutritional</td>
<td>Program is designated in a specific</td>
</tr>
<tr>
<td>Regulation NYCRR 505.14</td>
<td>and environmental support functions, geographic area, i.e. apartment building, Section K</td>
<td>personal care or health related, where other home health care recipient's</td>
</tr>
<tr>
<td></td>
<td>tasks</td>
<td>reside</td>
</tr>
<tr>
<td></td>
<td>2. Understands that the PCA or HHA will</td>
<td>make short, task oriented visits</td>
</tr>
<tr>
<td></td>
<td>3. Is available in the recipient's</td>
<td>geographic area</td>
</tr>
<tr>
<td></td>
<td>geographic area</td>
<td></td>
</tr>
<tr>
<td>Home Health Services</td>
<td>1. Clients who receive personal care</td>
<td>CHHAs must supply the following services;</td>
</tr>
<tr>
<td>Regulation NYCRR 505.23</td>
<td>services plus part-time or</td>
<td>Nursing, home health aide, medical supplies;</td>
</tr>
<tr>
<td></td>
<td>intermittent nursing services should</td>
<td>equipment, and appliances; and at least</td>
</tr>
<tr>
<td></td>
<td>be considered for referral to a CHHA one of the following: P.T. speech/language,</td>
<td>O.T., social work and nutrition</td>
</tr>
<tr>
<td></td>
<td>2. Can include clients with unstable</td>
<td>medical conditions, those who</td>
</tr>
<tr>
<td></td>
<td>medical conditions, those who</td>
<td>require medical/nursing judgements</td>
</tr>
<tr>
<td></td>
<td>require medical/nursing judgements</td>
<td>and changes in the care place</td>
</tr>
<tr>
<td></td>
<td>and changes in the care place</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Expanded scope of home health tasks</td>
<td>may reduce the need for nursing</td>
</tr>
<tr>
<td></td>
<td>may reduce the need for nursing</td>
<td>services</td>
</tr>
</tbody>
</table>
### EFFICIENCY | CLIENT ELIGIBILITY | PROGRAM CHARACTERISTICS

- **Personal Care Aides**
  - 1. Clients have a stable medical condition
  - Regulation NYCRR 505.14
  - The NYSDSS Home Care Core Curriculum (HCCC) with 1989 updates reflects the current scope of tasks for PCAs.
  - 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.
### EFFICIENCY | CLIENT ELIGIBILITY | PROGRAM CHARACTERISTICS

| Long Term Home Health Care | 1. Client's service needs are expected to last beyond 3 months | Usually associated with a certified home health agency (CHHA) or residential health care facility (RHCF) or a hospital |
| Regulation NYCRR 505.21 | 2. Client requires multiple services and case management | provides a wide range of services to persons who are medically eligible for RHCF, but whose comprehensive services are less costly than if authorized and planned for separately |
|  | 3. Combination services in one program plan does not exceed a specific cost cap | Usually associated with a certified nursing home. Services include nursing, medical equipment or supplies that do not |
| Assisted Living Program | 1. Medically eligible for RHCF but can be cared for by ALP | 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, for self, PCA, HHA, O.T., P.T., speech therapy, medical care. If confined to a wheelchair, is able to transfer independently or with the help of one person |
| Regulation NYCRR 505.35 (anticipated implementation date is 2/93.) | 2. RUGS category states client is medically stable and able to care for oneself | Person is able to provide personal care and can participate in self-care activities |
|  | 3. Not in need of continual nursing or medical care | Require prior authorization, PERS, adult day health care, 1993.01.01.
<table>
<thead>
<tr>
<th>EFFICIENCY</th>
<th>CLIENT ELIGIBILITY</th>
<th>PROGRAM CHARACTERISTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enriched Housing</td>
<td>1. Doesn't require continual medical or nursing care or supervision</td>
<td>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.</td>
</tr>
<tr>
<td>488.4(B)</td>
<td>2. Does not have serious mental disability</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Is not likely to cause serious danger to self or others</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Not chronically bedfast or chairfast</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. No uncontrolled urinary or bladder incontinence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Will comply with medical treatment - self-directing</td>
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</tr>
<tr>
<td></td>
<td>* There are 16 eligibility criteria.</td>
<td>The six above represents a partial listing.</td>
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</tbody>
</table>
### ASSESSMENT OF EFFICIENCIES

<table>
<thead>
<tr>
<th>EFFICIENCY</th>
<th>CLIENT ELIGIBILITY</th>
<th>PROGRAM CHARACTERISTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialized Medical Equipment</td>
<td>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</td>
<td>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)</td>
</tr>
<tr>
<td>Adult Day Health Program</td>
<td>1. Client eligibility varies with each program</td>
<td>Structured and supervised environment for persons requiring short-term medical intervention during the day. Support</td>
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<td></td>
<td>2. Needed services are provided in congregate setting. Client benefits from socialization</td>
<td>Services may include nursing, P.T. &amp; case management. Social Services districts should be aware of the eligibility requirements for each program</td>
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</table>
# Fiscal Assessment Review/Disposition Cover Sheet

**For Personal Care Cases**

**Client Name** _____________________  **Client ID#** __________________

<table>
<thead>
<tr>
<th>Efficiencies</th>
<th>Appropriate Available</th>
<th>Remarks</th>
<th>Local District Disposition</th>
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</thead>
<tbody>
<tr>
<td>PT. Managed Home Care</td>
<td>YES/NO</td>
<td>YES/NO</td>
<td>(1) Additional Action Needed ( )</td>
</tr>
<tr>
<td>Pers</td>
<td>YES/NO</td>
<td>YES/NO</td>
<td>(a) Phone Consultation with CHHA ( )</td>
</tr>
<tr>
<td>Shared Aide</td>
<td>YES/NO</td>
<td>YES/NO</td>
<td>(b) Referred to Local PF</td>
</tr>
<tr>
<td>Enriched Housing</td>
<td>YES/NO</td>
<td>YES/NO</td>
<td>(c) Request Additional Information</td>
</tr>
<tr>
<td>Home Health Serv</td>
<td>YES/NO</td>
<td>YES/NO</td>
<td>(d) Consultation with Recipient’s Physician</td>
</tr>
<tr>
<td>PC Aides</td>
<td>YES/NO</td>
<td>YES/NO</td>
<td></td>
</tr>
<tr>
<td>LTHHCP</td>
<td>YES/NO</td>
<td>YES/NO</td>
<td></td>
</tr>
<tr>
<td>Assisted Living</td>
<td>YES/NO</td>
<td>YES/NO</td>
<td></td>
</tr>
<tr>
<td>Spec. Med Equip</td>
<td>YES/NO</td>
<td>YES/NO</td>
<td></td>
</tr>
<tr>
<td>Adult Day Health</td>
<td>YES/NO</td>
<td>YES/NO</td>
<td></td>
</tr>
</tbody>
</table>

**Comments** ____________________________________________

______________________________________________

(2) Final Decision _____________________ Date __________

**Signature** _____________________ **Phone #** __________ |

**Signature** _____________________ **Title** __________ |

**Local District Should Keep Cover Sheet Attached to Fiscal Assessment Retain as Part of**
## Average Monthly General Hospital Costs by Region and District

<table>
<thead>
<tr>
<th>REGION</th>
<th>MONTHLY COSTS</th>
<th>DISTRICTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>WESTERN</td>
<td>$15,618.05</td>
<td>Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming</td>
</tr>
<tr>
<td>LONG ISLAND</td>
<td>$19,338.92</td>
<td>Nassau, Suffolk</td>
</tr>
<tr>
<td>NEW YORK CITY</td>
<td>$22,791.21</td>
<td>Bronx, Kings, New York, Queens, Richmond</td>
</tr>
<tr>
<td>NORTH EASTERN</td>
<td>$18,715.68</td>
<td>Albany, Clinton, Essex, Fulton, Montgomery, Rensselaer, Saratoga, Schenectady</td>
</tr>
<tr>
<td>NORTH METROPOLITAN</td>
<td>$17,988.11</td>
<td>Columbia, Delaware, Dutchess, Ulster, Westchester, Schoharie, Warren, Washington</td>
</tr>
<tr>
<td>UTICA</td>
<td>$15,317.53</td>
<td>Franklin, Otsego, Herkimer, Chenango</td>
</tr>
<tr>
<td>CENTRAL</td>
<td>$21,138.37</td>
<td>Chemung, Schuyler, Steuben, Cayuga</td>
</tr>
<tr>
<td>ROCHESTER</td>
<td>$18,747.62</td>
<td>Livingston, Monroe, Ontario, Yates</td>
</tr>
<tr>
<td>WATERTOWN</td>
<td>$13,666.21</td>
<td>Jefferson</td>
</tr>
<tr>
<td>REGION</td>
<td>MONTHLY AMT</td>
<td>DISTRICT</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>REGION</td>
<td>$5,965.01</td>
<td>NEW YORK, BRONX, KINGS, QUEENS, RICHMOND</td>
</tr>
<tr>
<td>REGION II</td>
<td>$5,708.90</td>
<td>PUTNAM, ROCKLAND, NASSAU, SUFFOLK, WESTCHESTER</td>
</tr>
<tr>
<td>REGION III</td>
<td>$5,776.13</td>
<td>INCLUDES ALL OTHER COUNTIES IN NYS</td>
</tr>
<tr>
<td>REGION</td>
<td>COUNTIES IN REGION</td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>--------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>ALBANY</td>
<td>ALBANY, COLUMBIA, GREENE, MONTGOMERY, RENSS. SCHOHARIE, FULTON.</td>
<td></td>
</tr>
<tr>
<td>BINGHAMTON</td>
<td>BROOME, TIOGA</td>
<td></td>
</tr>
<tr>
<td>ERIE</td>
<td>CATTARAUGUS, CHAUTAUQUA, ERIE, NIAGARA, ORLE</td>
<td></td>
</tr>
<tr>
<td>ELMIRA</td>
<td>CHEMUNG, STEUBEN, SCHUYLER</td>
<td></td>
</tr>
<tr>
<td>GLENS FALLS</td>
<td>ESSEX, WARREN, WASHINGTON</td>
<td></td>
</tr>
<tr>
<td>LONG ISLAND</td>
<td>NASSAU, SUFFOLK</td>
<td></td>
</tr>
<tr>
<td>ORANGE</td>
<td>CHENANGO, DELAWARE, ORANGE, OTSEGO, SULLIVF</td>
<td></td>
</tr>
<tr>
<td>NEW YORK CITY</td>
<td>BRONX, KINGS, QUEENS, RICHMOND, NEW YORK</td>
<td></td>
</tr>
<tr>
<td>POUGHKEEPSIE</td>
<td>DUTCHESS, PUTNAM</td>
<td></td>
</tr>
<tr>
<td>ROCHESTER</td>
<td>LIVINGSTON, MONROE, ONTARIO, WAYNE</td>
<td></td>
</tr>
<tr>
<td>CENTRAL RURAL</td>
<td>CAYUGA, CORTLAND, SENeca, TOMPKINS, YATES</td>
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</tr>
<tr>
<td>SYRACUSE</td>
<td>MADISON, ONONDAGA</td>
<td></td>
</tr>
<tr>
<td>UTICA</td>
<td>HERKIMER, JEFFERSON, LEWIS, ONEIDA, OSWEGO</td>
<td></td>
</tr>
<tr>
<td>WESTCHESTER</td>
<td>ROCKLAND, WESTCHESTER</td>
<td></td>
</tr>
<tr>
<td>NORTHERN RURAL</td>
<td>CLINTON, FRANKLIN, HAMILTON, ST.LAWRENCE</td>
<td></td>
</tr>
<tr>
<td>WESTERN RURAL</td>
<td>ALLEGANY, GENESEE, WYOMING</td>
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</table>
**HEALTH RELATED RUGS**

<table>
<thead>
<tr>
<th>Region</th>
<th>CA</th>
<th>BA</th>
<th>PA</th>
</tr>
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<tbody>
<tr>
<td>ALBANY</td>
<td>2,484</td>
<td>2,466</td>
<td>2,111</td>
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<tr>
<td>BINGHAMTON</td>
<td>2,367</td>
<td>2,350</td>
<td>2,027</td>
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<tr>
<td>ERIE</td>
<td>2,323</td>
<td>2,306</td>
<td>1,980</td>
</tr>
<tr>
<td>ELMIRA</td>
<td>2,483</td>
<td>2,469</td>
<td>2,113</td>
</tr>
<tr>
<td>GLENS FALLS</td>
<td>2,348</td>
<td>2,333</td>
<td>2,001</td>
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<td>LONG ISLAND</td>
<td>3,326</td>
<td>3,306</td>
<td>2,779</td>
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<tr>
<td>ORANGE</td>
<td>2,700</td>
<td>2,681</td>
<td>2,284</td>
</tr>
<tr>
<td>NEW YORK CITY</td>
<td>3,577</td>
<td>3,555</td>
<td>2,994</td>
</tr>
<tr>
<td>POUGHKEEPSIE</td>
<td>2,548</td>
<td>2,527</td>
<td>2,169</td>
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<tr>
<td>ROCHESTER</td>
<td>2,507</td>
<td>2,485</td>
<td>2,139</td>
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<td>CENTRAL RURAL</td>
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## AVERAGE MONTHLY COST FOR RUGS

### CATEGORY BY REGION

<table>
<thead>
<tr>
<th>Region</th>
<th>RA</th>
<th>RB</th>
<th>SA</th>
<th>SB</th>
<th>CB</th>
<th>CC</th>
<th>CD</th>
<th>BB</th>
<th>BC</th>
<th>PC</th>
<th>PD</th>
<th>PE</th>
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<tr>
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<td>3,728</td>
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<td>3,644</td>
<td>3,989</td>
<td>3,165</td>
<td>3,364</td>
<td>3,827</td>
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<tr>
<td>LONG ISLAND</td>
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