

NEW YORK STATE  
 DEPARTMENT OF SOCIAL SERVICES  
 40 NORTH PEARL STREET, ALBANY  
 BARBARA B. BLUM  
 Commissioner

Deputy Comm.  
 Legal Affairs  
 3 copies

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This is a written communication  
 to local Social Service Districts providing directions  
 to be followed in the administration of public assistance  
 and care programs.]

**ADMINISTRATIVE DIRECTIVE**

TRANSMITTAL NO.: 80 ADM-9  
 [Services]

TO: Commissioners of Social Services

SUBJECT: Personal Care Services -  
 Scope and Procedures

DATE: February 22, 1980

SUGGESTED DISTRIBUTION: Services Staff  
 Medical Assistance Staff

CONTACT PERSON: Questions regarding this release should be directed as follows:  
 Scope of Service and Procedures for Service Delivery, William Rabbitt, Division of Medical Assistance, 800-342-3715, Ext. 4-9276, or Ann Hallock, Division of Services, 800-342-3715, Ext. 4-9451. Questions regarding Nursing Supervision should be directed to Barbara Frankel, Division of Medical Assistance, 800-342-3715, Ext. 4-9256.

I. PURPOSE

The purpose of this administrative directive is to explain the scope of the personal care services program within the Medical Assistance program and to describe in detail the procedures for the delivery of personal care services.

This letter also refers to information presented in other recently released administrative directives regarding the personal care program listed in the Filing References. Local district staff should consult these directives as they review and implement the requirements of this letter. (see page 2)

II. BACKGROUND

Section 365.a 2 (d) of the Social Services Law provides for the delivery of personal care services. This law is reflected in State Medical Handbook, Item 130, and Department Regulations, Section 505.14. These regulations describe how personal care services (continued on page 3)

FILING REFERENCES

Previous ADMs /INFs	Releases Cancelled	Dept. Regs.	Social Services Law and Other Legal References	Bulletin/Chapter Reference	Miscellaneous References
74 ADM-191 77 INF-20 78 ADM-19 79 ADM-34	NONE	505.14	365-a 2.(d)	74 MB-48 Item 130 of State Medical Handbook MB-143b	NONE

DSS-296 (R)



shall be provided, including obtaining a physician's recommendation, performing nursing and social assessments, providing case management, and supervision by a registered professional nurse. Other letters describe the use of trained providers, explain when the local professional director or a physician designated by the local professional director, should be involved in authorization of the service, describe the required procedures for contracting for the delivery of personal care services and monitoring such contracts and list the health requirements for providers of personal care services.

### III. PROGRAM IMPLICATIONS

#### A. Scope of Personal Care Services

1. Definition: Personal Care Services means assistance with personal hygiene, nutritional support and environmental maintenance necessary for an individual to remain within his/her own home. Specific functions are as follows:
  - (1) Assist with care of teeth and mouth
  - (2) Assist with grooming - care of hair including shampoo, shaving and the ordinary care of nails.
  - (3) Assist with bathing of patient, in bed, in tub and in shower
  - (4) Assist patient on and off bedpan, commode and toilet
  - (5) Assist patient in moving from bed to chair, wheelchair and in walking
  - (6) Assist patient with eating
  - (7) Assist patient with dressing
  - (8) Prepare and serve meals according to instructions
  - (9) Wash dishes and clean kitchen
  - (10) Making and changing beds
  - (11) Dusting and vacuuming the rooms the patient uses
  - (12) Listing needed supplies
  - (13) Shopping for patient if no other arrangements possible
  - (14) Patient's personal laundry if no family member available or able; this may include necessary ironing and mending
  - (15) Other pertinent health care functions according to criteria established by the New York State Health Department when approved by the local professional director or physician designated by the local professional director and when on-the-job instruction and supervision is provided by a certified home health agency.

As an item of Medical Assistance, the services shall be ordered/prescribed by a physician and supervised by a registered professional nurse.

2. Functions not included: Personal care services does not include any care provided to a person without a medical problem; care provided to children in the absence of the caretaker relative and any instructions provided to achieve adequate household and family management. These services may be provided as homemaker services under Title XX according to the individual county's Comprehensive Annual Social Services Program Plan.
  
3. Relation to other Home Care Services: Personal care services is related to other home care services by shared functions. The chart in Appendix A shows the differences in program requirements, providers and funding sources between the four major home care services: home health aide, personal care, homemaker and housekeeper/chore services. Each of these services has specific program requirements and the names of the services should not be used interchangeably. All authorization and case recording should properly identify the service being provided. If local districts wish to identify varying levels of personal care services or source of provider, such terms of identification should be used following the words "personal care services". It is extremely important to use the proper name for the service to assure that there is no misunderstanding about the requirements for the service. For example, if the authorization and case record indicated that the client required home health aide services, but the service actually required and delivered was personal care service, it would appear that the district was not delivering the needed service in accordance with all requirements.

The major difference between home health aide and personal care services, provided under the Medical Assistance program, is the increased involvement of a registered professional nurse required for supervision of the home health aide when performing certain health care functions, such as care of dressings and irrigation of catheters, included in home health aide services. Personal care service is related to homemaker service, since both may include certain personal care functions, such as dressing or bathing. The major differences between the two services are the causes or the need for the service. In the instance of personal care service, the need is medical in nature as reflected in the physician's orders for the services and in the nursing assessment of need. On the other hand, homemaker service is provided in response to a social need and involves the professional expertise of the social worker rather than the physician and the nurse. Homemaker services may also respond to other service needs, such as the need for a mother substitute or instruction in home management. Housekeeper/chore services are provided under Title XX and are directed at the environment in which a person lives. This service involves care of the

immediate surroundings in which the client lives and the preparation of food which the client eats. The following requirements for the establishment of the need for personal care services further distinguishes it from other home care services.

B. Assessment and Authorization Procedures for Delivery of Personal Care Services

The assessment and authorization procedures for the delivery of personal care services have been outlined in a flowchart found in Appendix B of this letter. The determination of financial eligibility for the medical assistance program has not been included in the procedures. It is expected that such eligibility determination will follow established procedures.

In an effort to facilitate program eligibility determinations for all home health care provided under Medical Assistance, whether personal care service, home health aide service or long term home health care, the State Departments of Health and Social Services have agreed that common methods of assessment, physician's orders and case management will be used. This includes a standardized format for recording/documenting the physician's orders and nursing and social assessment.

1. Physician's Orders

Receipt of the physician's orders for personal care service is the first step in determining eligibility for personal care services. Under the Medical Assistance program, physician's orders shall be obtained for each initial authorization and all reauthorizations on a form such as is included in Appendix C. If local social service agencies or other home care providers in the area have a comparable form which they wish to use, such forms must be submitted to the New York State Department of Social Services for approval (see Required Action). For MMIS purposes all physician's orders must include primary and secondary diagnoses and respective code numbers.

Information included in the physician's orders must be current in order to accurately determine service needs. In order to assure current information about the patient, all physician's orders for personal care services shall be based on a medical examination, done within 30 days of the date, when the orders are completed. When a change is noted in the patient's condition, new orders shall be requested. One copy of the physician's orders shall be maintained in the case record; another copy shall be forwarded to the certified home health agency with the request for the nursing assessment.

2. Nursing Assessment

The assessment of each individual by a registered professional nurse from a certified home health agency is the second step in determining the medical need for personal care services under this title. This nursing assessment shall be recorded on a form approved by the State Departments of Social Services and Health. Local districts and certified home health agencies are encouraged to perform joint assessments whenever possible.

The nursing assessment shall be based upon a visit to the home of the person seeking services and shall include a review and interpretation of the physician's orders, an evaluation of the patient's need for services and the development of specific recommendations for the summary of services requirements. In addition, the registered professional nurse shall develop a plan of care for the patient. This plan of care is an internal working document of the certified home health agency and should include the regimen for the registered professional nurse to use in supervising all health care provided to the patient and in arranging for the delivery of other health services, including nursing visits. Since the plan of care is maintained by the certified home health agency, it should follow the format developed by that agency. If the certified home health agency is not responsible for the supervision of personal care service providers, the plan of care developed by that agency would not have a detailed plan for supervision. In this situation, the nurse in the local social service district or in the vendor agency would have responsibility for development of a detailed plan of supervision, based on the nursing assessment.

The nursing assessment shall include the nurse's recommendations for all services required, including the types of service required, the frequency of service needed, and the duration of the need for service. Equipment needs should also be included. A copy of the completed nursing assessment shall be returned to the local social service district within 15 working days of referral. This assessment should be current. Any change in the patient's condition which would result in type, frequency, or duration of service will require the completion of a new nursing assessment. In the event that a patient is hospitalized, after assessment, a new assessment based on current needs should be completed and used as a basis for service authorization.

The recommendations for scheduling services delivery should be reflective of specific client needs during different times of the day. For example, if the need for service is intermittent within the day, continuous service to cover all period should not be recommended.

Local social services districts are required to have a current DMS-1 or its successor available on each patient receiving personal care. Persons who are being released from a hospital or residential health care facility will already have a completed DMS-1; persons in the community will generally not have such an evaluation. If this evaluation has not been done, previous to the nursing assessment, the registered professional nurse from the certified home health agency conducting the home assessment, shall complete the DMS-1 and forward a copy to the local social service district. It is expected that copies of the nursing assessment and the DMS-1 shall be available prior to the local social service district's authorization of care.

When the assessment and DMS-1 are received, the local district shall use these recommendations as the basis for the development of a summary of service requirements which reflect needs identified in both nursing and social assessments.

In no event shall the local social service district change the recommendations of the certified home health agency without consulting with that agency. When differences can not be resolved, the case shall be referred to the local professional director or a physician designated by the professional director with all appropriate forms for his review. That physicians's decision shall be the final authority.

When it is impossible for a nursing assessment to be completed before authorizing care, care may be authorized by the local social service district, based on the physician's orders and the social assessment for thirty calendar days only. Such interim authorization will be used only in the following situations:

- a) The patient is awaiting discharge from a hospital or residential health facility because such care is no longer appropriate for patient's needs and suitable arrangements for home care have not been made in time to allow completion of the nursing assessment.
- b) If the care is not provided immediately, it will be necessary to place the patient in a hospital or residential health care facility in order to protect the patient's health and safety.
- c) There is a drastic change in the patient's condition and it is necessary to increase services immediately in order to protect the patient's health and safety.

The physician order and the case records should reflect the conditions necessitating the interim authorization. When the nursing assessment is received, the local social service district shall review and incorporate the recommendations into a new summary of service requirements and authorize services accordingly.

### 3. Social Assessment

The social assessment required for personal care services and home health aide services shall be completed on the form approved by the State Departments of Health and Social Services. The local social service district can not delegate this responsibility for social assessments to another agency. The local social service district shall complete the social assessment within 15 working days of referral of the client to the certified home health agency. In the event that there is any change in the patient's condition, a new social assessment shall be done. In the event of emergency cases, it may be necessary for the local districts to complete the social assessments as quickly as possible since it will serve as the basis for the interim 30-day authorization.

All social assessments shall be completed by professional casework staff, who shall also have responsibility for case management (see later section on case management). The social assessment should consider both the expressed and identified needs of the client and the factors impacting on the client's life situation.

One of the most important considerations necessary is an evaluation of the family and community support available to enable the patient to remain at home within the community. The motivation of the patient and his family to maintain the person at home has been found to be one of the most important determinants of the success of a home care plan. Staff from local districts are charged with the responsibility of determining the extent of such motivations and for further maintaining this motivation through case management.

a) Client's Motivation

It must be determined why the client desires in-home care and whether this option is feasible, based upon the case situation. While it must be recognized that clients maintain the right to deny services, once services commence, there must be mutual cooperation between the providers and the client. It is, therefore, advised that clients have input, where possible, in planning for the delivery of personal care services. Reluctance, resistance and mistrust on the part of the client, are often the result of lack of communication and coordination. Personal care services can not serve the needs of the client without the desired amount of cooperation and motivation on the part of the client, as well as effective casework on the part of the case manager.

b) Family Motivation

The role of the family in relation to the client is an essential one. Families should be encouraged to have input and offer emotional support to the client, as well as to provide resources to the case where possible. The moral and/or legal responsibilities of families of clients are not always well defined. Again, as with the client, it is important for the case manager to involve the family in planning needed services. Cases may arise where families of clients would prefer institutional placement for a variety of reasons, but this is not consistent with the desires of the client nor is it recommended by the physician. It can be detrimental if the role of the agency is viewed by the family as threatening. Every effort should be made to bring about good working relationships between the service providers and the family, for the ultimate goal of providing for the needs of the client. The social assessment should also consider other services needed by the patient and family, including services provided under other titles or by other community agencies such as the County Office for the Aging.

#### 4. Development of a Summary of Service Requirements

A summary of service requirements shall outline the total service needs of the patient and shall be completed by the case manager on the assessment forms required by the State Departments of Health and Social Services, based upon the recommendations of the nurse in the nursing assessment and the findings of the social assessment. This summary shall include the following:

- a) Type of services needed
- b) Amount, frequency and duration of need
- c) Name of provider
- d) Unit cost of service
- e) Source of payment

This summary shall be used as the basis for authorizing the services needed. In some cases, questions regarding the appropriate type and frequency of service may arise as a result of differences of opinions among the patient, patient's family, patient's physician, staff from local social service district, staff from the certified home health agency, or other health professionals. In the event that these differences can not be resolved, the local social service district shall refer the case to the local professional director or a physician designated by the local professional director. (See 78 ADM-50, "Role of the Local Professional Director in Home Health Services")

#### 5. Authorization

No personal care services shall be provided without prior authorization of the local social service district. The preparation and signature of the necessary authorizations and arranging for the delivery of all services needed is the responsibility of the person designated by the local commissioner.

At no time shall changes be made in the services authorized without approval of the local social service district. When there is an unexpected change in the patient's condition and service needs, the case should be referred to the local social service district immediately. New physician's orders and assessments shall be obtained and a new authorization developed. In an emergency situation, the local social service district, with the consultation of the certified home health agency, may make interim arrangements for care of the patient, pending a new authorization. Such arrangements without necessary orders, assessments and authorizations, shall be limited to 30 calendar days.

The period covered by the authorization should be dependent upon the needs of the patient and the anticipated duration of the service need at the authorized frequency. In no event, should the period of authorization be greater than six months. Reauthorizations should follow the same procedures, requiring new physician's orders and assessments.

The assessment and authorization process previously outlined shall also apply to home health aide services which shall be provided according to the authorization of the local social service district.

If an emergency situation arises, necessitating home health aide services, and the local social service district is not available to issue an emergency authorization, the certified home health agency may initiate service without the prior authorization of the local district. The certified home health agency shall notify the local district as soon as possible after initiation of services so that the services can be authorized on an interim basis. The local district shall not be responsible for payment for services provided without prior authorization by a certified home health agency if the district is not notified within 4 calendar days of the initiation of service.

6. Written Notification of Services Authorized

Following authorization and prior to the delivery of the service, the local social service district shall prepare a written notification of the services authorized, including a listing of functions of the service needed and the frequency and duration of services. The listing of service functions required should be detailed so there is no question of what activities are appropriately done by the provider. Copies of the notification shall be sent to the following:

- a) Patient and/or family of patient receiving services
- b) Registered professional nurse responsible for supervising care
- c) Agency or individual responsible for providing the service

The letter to the client and the provider should include the name of a contact person from the local department of social services who will be available in case of emergency or complaint and should include information on the client's right to a fair hearing.

7. Provision of Service

The case manager shall arrange for the necessary services according to the authorization. Instructions for selecting and contracting with providers of personal care services are outlined in the Administrative Directive, "Contracting for Personal Care Services and Contracting for Nursing Assessment and for Nursing Supervision of Personal Care Services by Social Services Districts," 79 ADM-34.

Since personal care services involve assistance with basic human functioning, the establishment of a mutually agreeable relationship between patient and provider is extremely important. In some situations, the provider and patient may not be congenial. Every effort should be made to assure a good relationship between patient and provider, where both are able to communicate freely.

The local social service district shall provide the provider agency with all information necessary for provision of services. As services are provided, two supporting functions, nursing supervision and case management, should continue to assure that services meet the needs of the client.

A future administrative directive will further address the assessment procedures for delivery of personal care services when the patient is hospitalized and awaiting discharge.

### C. Program of Supervision

Under State Regulations, all persons providing personal care services, including persons providing environmental support, shall be subject to a program of supervision. A program of supervision shall consist of two parts, administrative supervision and nursing supervision.

#### 1. Administrative Supervision

Administrative supervision assures that the quantity and kind of services authorized by the local social service district are actually being provided. Administrative supervision should assure that the services are provided in compliance with the terms of the contractual agreement between the local district and the provider. This supervision is essentially a managerial supervision. It entails checking time cards, and personnel records for required documentation; reviewing the amounts and kinds of services authorized by the local district with the provider; arranging for coverage service in the event of provider illness; and telephoning the client to assure that the authorized service is being provided. It requires knowledge of the state personal care services regulations, the local districts personal care service program and personnel policies. Although some districts may prefer to have a nurse assume the responsibilities as well as nursing supervision described below, this supervision does not require the services of a registered professional nurse.

The local district has two options for providing this type of supervision. It may assume this responsibility itself or it may transfer it by means of a contractual agreement to a voluntary homemaker-home health agency, a certified home health agency, or a proprietary agency already providing personal care services.

#### 2. Nursing Supervision

Ongoing professional nursing supervision is an essential component of personal care services under the Medical Assistance program. The objective of the nursing supervision of personal care service providers is to assure that the client receives both appropriate and quality health care services. To achieve this objective, nursing supervision shall be done in the home of the patient, and involve the patient and his family (when available) and the provider. All personal care services shall be supervised by a registered professional nurse. As an integral part of their personal care services program, each local social service district shall develop a program of nursing supervision.

Each district has two basic options for providing nursing supervision. The local district may contract with a Certified Home Health Agency or it may provide the service by a nurse on its own staff.

a) Nursing Supervision by Contract from a Certified Home Health Agency

When the local social service district elects to contract with a certified home health agency for nursing supervision, the contract between the two agencies shall comply with requirements for such contracts, as outlined by the New York State Department of Social Services as stated in the Administrative Directive on Contracting for Personal Care Services.

Since all nurses employed by a certified home health agency (Article 36 facilities) already meet the minimum qualifications listed in personal care services regulations, the local district utilizing this option is not required to check the qualifications of these nurses.

b) Nursing Supervision by a Local District Staff

If the supervision is provided by an employee of the local social service district, it is the local district's responsibility to assure that the person meets the following minimum qualifications:

- 1) A limited permit to practice or a license and current registration to practice as a registered professional nurse in New York State. A nurse employed as a nurse supervisor shall be licensed and currently registered in this state or hold a limited permit to practice as a registered nurse in this state pending the issuance of a license. Both the local district and the nurse may be subject to prosecution in accordance with the provision of Title VIII of the Education Law if a nurse during any period of his/her employment does not have a current New York State license or limited permit.
- 2) At least two years satisfactory experience as a registered professional nurse. A nurse shall have been employed for at least two years as a registered professional nurse. Employment in other capacities is not acceptable, however, a combination of education and experience, described in (3) below may be acceptable. In addition, the nurse shall have references from all relevant previous employers indicating satisfactory performance.

- 3) A combination of education and experience which is equivalent to the experience requirements described in b) above with at least one year experience. The applicant may substitute a Baccalaureate Degree in nursing from a school registered by the New York State Education Department for one year of experience required above. However, this applicant must have at least one years satisfactory experience as a registered professional nurse. (See appendix for more specific guidelines for the selection of a nurse supervisor).

In staffing this position, the local district may opt to develop its own civil service title. Larger counties may wish to create a specialist title to hire an employee whose functions are primarily personal care services. Smaller counties may want to develop a civil service title which encompasses several different programs or the local district may assign this function to a current employee. For assistance in the development of such titles, local districts may contact John Hodgson, Office of Personnel, Supervisor of Employee Development, 800-342-3715, Ext. 4-9637.

In addition to the two basic options described above, the local district may request an exception to use a nurse supervisor from a voluntary or proprietary agency. (a home care agency that is not certified under Article 36) who is under contractual arrangement to provide personal care services to local departments. In general, this request should explain why a local district desires to provide nursing supervision utilizing this option rather than the two basic options described above. It should describe the local district's plan for providing this supervision through the vendor agencies including identification of the agency (ies) providing the service and supervision, the qualifications required for the nurse, if they exceed the minimum described above for the nurse in the local districts, how these qualifications will be monitored, and the anticipated staffing ratio for nurse supervisor to personal care services aides.

It is important to note that the local district's plan must demonstrate that the nurse supervisor meets the minimum qualifications described above and that the nurse is an employee of the agency. (See Appendix E for job guidelines).

Since a thorough understanding of the program is crucial to the nurse's successful functioning, the local district should assure that the agency orients the nurse to the personal care services program. This orientation should include an explanation of the roles and functions of the various individuals involved in the program (nurse supervisor, nurse from certified home health agency, Department of Social Services Case Manager, personal care service provider, etc.) and an explanation of the requirements of personal care service programs under Title XIX, including requirements for nursing assessment, physician's orders, nursing supervision, training requirements for personal care service providers.

To assist the vendor agency in providing satisfactory nursing supervision, the local district should provide the agency with the following items:

- 1) Guidelines for nurse supervisor (See Appendix E)
  - 2) Section 505.14 of the Regulations of the New York State Department of Social Services Personal Care Service
  - 3) This Administrative Directive
  - 4) 78 ADM-19, "Training for Personal Care Providers"
  - 5) A copy of the Home Health Assessment Abstract for each client
- c) Requirements for Nursing Supervision

1) Frequency

The registered professional nurse responsible for the supervision of personal care services shall make supervisory visits as often as needed to assure both quality and appropriate services. However, the minimum frequency of these visits is dependent upon the amount recommended by the nurse from the certified home health agency and approved by the local social service district. This would be indicated on the summary of service requirements (See Appendix D). For the majority of patients, the certified home health agency nurse is required, by regulation, to recommend that these visits be made at least every 90 days. This means that the supervisory visit must be made at least 90 days from the date of the last nursing visit. Nursing visit in this case may mean the nursing assessment performed by the nurse from the certified home health agency or the initial required orientation visit performed by the nurse supervisor. (As explained below, 2) Functions, an orientation visit is required for all newly assigned aides). Exceptions to this 90 day minimum will be made only by the certified home health agency nurse and local social service districts when they have determined that the patient is a self-directing person whose medical condition is stable with little or no change or deterioration expected during the period of authorization. In these instances, the supervisory visits and assessment visits can be combined and performed every six months.

It is important to note that the frequency of these nursing supervisory visits should always be consistent with what is listed in the summary of service requirements. If the supervisory nurse determines that these visits should occur more frequently, she/he should notify the case manager in order that a revised summary of service requirements may be authorized. (last part of the Home Health Assessment Abstract. Appendix D).

2) Functions

a) Orientation of Personal Care Services Aide

Within the first week of the aides assignment to a case, the nurse shall make an orientation visit to assure that the person providing the personal care services understands and is capable of delivering the specific services authorized by local social services departments on the summary of service requirements. An exception to the initial orientation will be made only when the patient is a self-directing person, who is capable of directing the services.

During this initial visit to the client's home the nurse should do the following:

- (1) Introduce the provider to the client and the client's service needs.
- (2) Become acquainted with the patient and provider, evaluating the feasibility of development of a congenial relationship.
- (3) Review the written notification of service functions with the patient and/or his family and the provider to assure that there is complete understanding of the services which must be provided.
- (4) Discuss the health goals established in the plan of care, including activities necessary for reaching these goals.
- (5) Review all activities required with the provider and patient and/or family where necessary for delivery of care to the client.

b) Evaluation of the Personal Care Providers

The nurse should continually evaluate the provider's skills and performance by reviewing the patient's condition and the home environment and talking with the patient and family members. If the nurse determines the client's health and safety is in jeopardy, the nurse is responsible for notifying the case manager immediately so that appropriate changes can be made.

c) On-the-Job Training

Based on continuing evaluations of the provider's performance and the patient's individual needs, the nurse supervisor shall identify any significant gaps in the provider's ability to

function competently and safely and shall provide necessary on-the-job instruction. (See 78 ADM-19, "Training for Personal Care Service Provider"). The purpose of this instruction is not to provide comprehensive training, but to correct any such gaps. If it is not possible (i.e., nurse lacks appropriate expertise), he/she should arrange for appropriate instruction through available resources.

d) Evaluation of the Patient

Assessing the patients health care needs on each supervisory visit, the nurse should continue to review the appropriateness of the original amount and type of services assigned to the client. Whenever the nurse determines that these services are no longer appropriate for patients, she/he shall contact the case manager in order that new physician's orders and assessments can be obtained and less or additional services authorized.

e) Maintenance of Records and Forwarding of Reports

The nurse supervisor shall maintain records of all supervisory visits made and any action taken during the visit. Copies of this information should be forwarded to the case manager for inclusion in the patient's case record.

f) Involvement in Training

In addition, the nurse supervisor may also be involved in the development and implementation of a plan for training of personal care providers as outlined in Administrative Directive 78 ADM-19, "Training for Personal Care Service Providers".

D. Requirements for Case Management

Local district staff are responsible for responding to a request for personal care services by providing information and/or referral for appropriate services, or by arranging for or providing services directly to the applicant; in addition, local district staff are responsible for providing or arranging for services to meet other identified needs. Case management is the mechanism by which all these services are provided in an effective coordinated basis to an individual client and/or her/his family. Concerned with the person's total situation in determining needs and coordinating the delivery of services, the role of the case manager should be viewed as a pivotal one, with the case manager functioning as a team leader. He or she provides linkages between the client, the client's family, the nurse supervisor, the personal care provider (whether or not the provider's services are direct or purchased), and the local social service district.

Case management requirements are applicable to both personal care services and home health aide services. Case management shall be the responsibility of the professional staff of the local district social service agency, and cannot, under any circumstances, be delegated to another agency. Depending upon the practices of the local district, the case management staff could be located in either the Services or Medical Assistance Division. This case management role is different from the role assumed by Social Service workers in arranging other medical services provided under the Medical Assistance program such as care provided in Skilled Nursing or Health Related Facilities. The safety and well-being of the patient receiving personal care is dependent upon the ability of the case manager to coordinate services in response to needs. If the case manager, is located in the Medical Assistance section of the local social service district, the district should assure adequate linkages to other service programs.

Case management begins when the case is made known to the agency, and is on-going through reauthorization to the time when the services are no longer required. Referrals may come from any sources, both within and outside the agency. Examples of sources of outside referrals would include physicians, family and/or friends of the applicant, hospital discharge planners, nursing homes, other human service agencies, etc.

It is the responsibility of the local district to determine the Medicaid and program eligibility requirements for each applicant. The case manager is responsible for seeing that all eligibility determinations are carried out in a timely manner; whether or not this is a specific function of the case manager would be determined by local prevailing practices. In cases where this is a function of another staff person, the case manager should make himself/herself available to offer assistance, such as helping the client to gather all necessary documentation, filling out applications, and where applicable, making in-home visits to execute the application.

It is the responsibility of the case manager to assure that the following are obtained and/or developed and maintained:

1. Physician's orders (see page 5 ).
2. Nursing assessment prepared by a registered professional nurse of a certified home health agency (see page 5 ).
3. Social assessment (see page 7 ).
4. Recommendations or determinations of the local medical director, when necessary (see page 9 ).
5. Summary of service requirements (see page 9 ).
6. Authorizations (see page 9 ).
7. Written notification of services authorized (see page 10).

8. Case Records: The case manager shall be responsible for maintaining accurate and complete documentation for each case assigned to him/her, including copies of the above and copies of reports from the registered professional nurse supervising personal care services. She/he should encourage the individual providing personal care services to keep some form of mini-log that can reflect the attitudes of the provider and the client and the progress as well as the obstacles involved in attaining the services goals.
9. Nursing Supervision (see page 11).
10. Monitoring: Monitoring of personal care services by the case manager should include various methods of assuring that the services are being provided in accordance with all authorizations. Each local district will be required to have a plan for monitoring the entire personal care program. The monitoring of individual cases by the case manager is one part of that plan to assure that the individual client's needs are met. (see future administrative directive on monitoring). The case manager may request and review periodic reports from the providers of services, whether these services are provided directly or by purchase. The nature and severity of the case problems should determine the frequency in which these reports are required. The case manager should also receive and review periodic reports from the nurse supervisor. The case manager should also make periodic home visits to monitor the progress, problems, and changes pertinent to each particular case. Again, the frequency of such visits should be determined by the specifics of the case and indicated in the summary of service requirements. It is, however, recommended that where possible, visits should be made monthly. This is not to say that in specific cases, involving highly severe and complex problems, visits should not be made more frequently.
11. Reassessment: The case manager, in conjunction with the nurse from the certified home health agency, shall reassess the case every six months in accordance with the previously outlined procedure. This shall include obtaining the required documentation:
  - a) Updated physician's orders
  - b) New nursing assessment
  - c) New social assessment
  - d) Recommendation of medical director, if applicable
  - e) The summary of service requirements

The case manager shall then arrange for the continuation of services, the provision of alternative services, or the termination of services, if services are no longer needed. If it is determined that services are to be termination, or reduced, written notification of such decision and the client's right to a fair hearing must be sent to the client, with copies to the provider, the nurse supervisor and a copy maintained in the case record.

E. Medicare Maximization

Before providing personal care services, local social service districts shall make maximum use of home health services provided under Medicare, whenever program eligibility conditions under that title can be met. Requirements for the provision of home health care under Medicare Parts A and B are as follows:

Part A (Hospital Insurance)

Medicare's hospital insurance can pay for home health visits if six conditions are met. These conditions are:

1. Patient was in a participating hospital for at least three consecutive days. (Patient may be eligible for home health services following release from a skilled nursing facility providing the patient had been in a participating hospital for three consecutive days prior to placement in the SNF).
2. the home health care is for further treatment of a condition which was treated in a hospital or skilled nursing facility;
3. the care needed includes part time skilled nursing care, physical therapy, or speech therapy;
4. patient confined to home;
5. a doctor determines patient needs, home health care and sets up a home health plan within 14 days after discharge from a hospital or participating skilled nursing facility; and
6. the home health agency providing services is participating in Medicare.

Hospital insurance (Part A) coverage is limited to 100 visits during the 12 month period following discharge from a hospital or skilled nursing facility.

Part B (Medical Insurance)

Medicare's medical insurance can help pay for up to 100 home health visits in a calendar year. The patient is not required to have a three day stay in the hospital for medical insurance to pay for home health care, but medical insurance can pay for the visits only if the following four conditions are met. These conditions are:

1. Patient needs part time skilled nursing care or physical or speech therapy;
2. a doctor determined the need for services and sets up a plan for home health care;
3. patient is confined to home; and
4. the home health agency providing services is participating in Medicare.

Such services can be provided only by a certified home health agency. Whenever a local social service district receives a request for personal care services, such client should be referred to the certified home health agency for assessment. That agency shall consider the provision of home health services under Medicare, Title XVIII when the clients meets appropriate standards. As long as the patient continues to meet the Medicare criteria, that resource should be used.

Home care and discharge planning will be the subject of a future administrative directive and will further address use of home health services under Medicare, Title XVIII.

F. Payment

1. Payment for personal care services shall be based upon the authorization for service and submission of documentation of the time actually spent in provision of the services. Each local district should have a monitoring plan which will evaluate the validity of the documentation. (A future administrative directive will outline monitoring requirements).
2. Federal Regulations prohibit payment of relatives for provision of personal care services. This means that a patient's spouse, parent, son, son-in-law, daughter, or daughter-in-law, may not be paid to provide personal care services to that patient. However, other relatives may be paid under one of the following conditions:
  - a) The relative is not residing in the patient's home
  - b) The relative is residing in the patient's home because the care of the patient necessitates his/her presence.
3. Payment to the providers of personal care service should be made in accordance with contractual arrangements (see administrative directive on contracting - 79 ADM-34) with each provider.

When providers of personal care services are employed by the local social service district, payment shall be based on the local district's salary schedule and benefit package.

4. Payment for all assessments performed by the certified home health agency shall be at the rate established by the State Commissioner of Health and approved by the State Director of the Budget, for a nursing visit by that agency.

5. Payment for nurse supervisory services shall be made as follows:

- a) When the supervision is provided by contractual arrangements with a certified home health agency, payment for all visits shall be at the rate established by the State Commissioner of Health and approved by the State Director of the Budget for a nursing visit by that agency.
- b) When the supervision is provided directly by a registered professional nurse employed by the local social service district, payment shall be based on the local district's salary schedule and benefit package. Such costs are eligible for reimbursement as skilled professional medical personnel under this title (Federal - 75%, State -  $12\frac{1}{2}\%$ , Local -  $12\frac{1}{2}\%$ ).
- c) When the supervision is provided by contractual arrangement with a private home care agency, the local district may determine the method of payment.
  - (1) Payment may be viewed as part of the home care agency's administrative costs and thus included as part of the agency's rate for personal care services.
  - (2) Payment may be made on a fee for service rate basis as determined by the local district.

6. Procedures for claiming personal care services will be described in a future administrative directive.

#### IV. REQUIRED ACTION

##### A. Physician's Orders

Local social service districts shall take immediate steps to implement requirements for the procedures for delivering personal care services. The forms for the physician's orders should be implemented with new cases beginning immediately. It is anticipated that the required form will be used with all new authorizations and with reauthorizations as they are processed. If the local social service districts wish to submit their own form for physician's orders, such forms must be submitted for approval to the New York State Department of Social Services within 90 days of the release of this directive.

B. Nursing and Social Assessments

Local social service districts should also begin utilization of nursing and social assessments upon receipt of this letter. The local social services district has two options: First, they can utilize the form found in Appendix D of this letter, or second, they may develop in conjunction with the certified home health agency, forms for nursing and social assessments which must be submitted to the New York State Department of Social Services for review and approval. The State Department will forward a copy to the Department of Health for approval. If using the form in Appendix D, copies of that form may be obtained according to instructions found in Section V. The assessment forms should be utilized with all new authorizations and with all new reauthorizations. The assessment forms must be used in all cases within six months of the release of this letter. In order to receive maximum benefit from the assessment process, it is recommended that the local social service district discuss the requirements of this letter with all certified home health agencies with whom they contract. Procedures for the handling of all assessments should be developed. In addition, requirements for supervision and case management should also be discussed. The delivery of personal care services, according to criteria developed jointly by the Departments of Social Services and Health, require that the local departments of social services and certified home health agencies cooperate in carrying out their respective functions to assure that the client receives appropriate services according to assessed needs.

C. Plan for Delivering Personal Care Services

The majority of the services under the Medical Assistance program are uniformly delivered across the State and specific plans have not been requested. However, in the personal care program, local social service districts have numerous options which can be used to provide a service which will meet all State requirements. Therefore, the State Department of Social Services is requiring that each local social service district complete the pre-printed plan contained in Appendix F of this letter and forward it to the State Department of Social Services.

This form can be used in several different ways:

1. Self-Evaluation Tool

If the local social service district completes this plan, staff will be able to determine that district's compliance with minimal requirements for the personal care program. This will provide districts with a method of determining where weaknesses exist within the program and will also offer some guidelines for possible change.

2. Request for Exceptions

The plan includes the necessary requests for the exceptions to use proprietary agencies or individual providers. Completion of all parts of the plan will provide the State Department of Social Services with all information necessary for evaluating the need for such exceptions.

3. Monitoring Tool

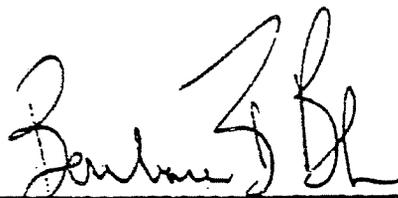
The State Department of Social Services will monitor personal care programs based upon the plan submitted by each social service district. When these plans are received, they will be reviewed by both the Divisions of Medical Assistance and Services. Communication will be sent to each local social service district regarding strengths and weaknesses of the proposed plan as well as approval or disapproval of requests for exceptions.

Staff in the State Department of Social Services will monitor the personal care program in each local social service district to determine that the district's operation conforms with the plan submitted to the State. In addition, the State will maintain records of the granting of exceptions and will in the future, require that a similar plan be submitted on an annual basis.

The completed plan shall be forwarded to Mrs. Ann B. Hallock, Director, In-Home Services, within 30 days of the release of this letter.

V. ADDITIONAL INFORMATION

Copies of the assessment form and the plan for delivery of personal care services are available from the New York State Department of Social Services, Forms and Publications Unit, 800 N. Pearl Street, Albany, New York 12243.

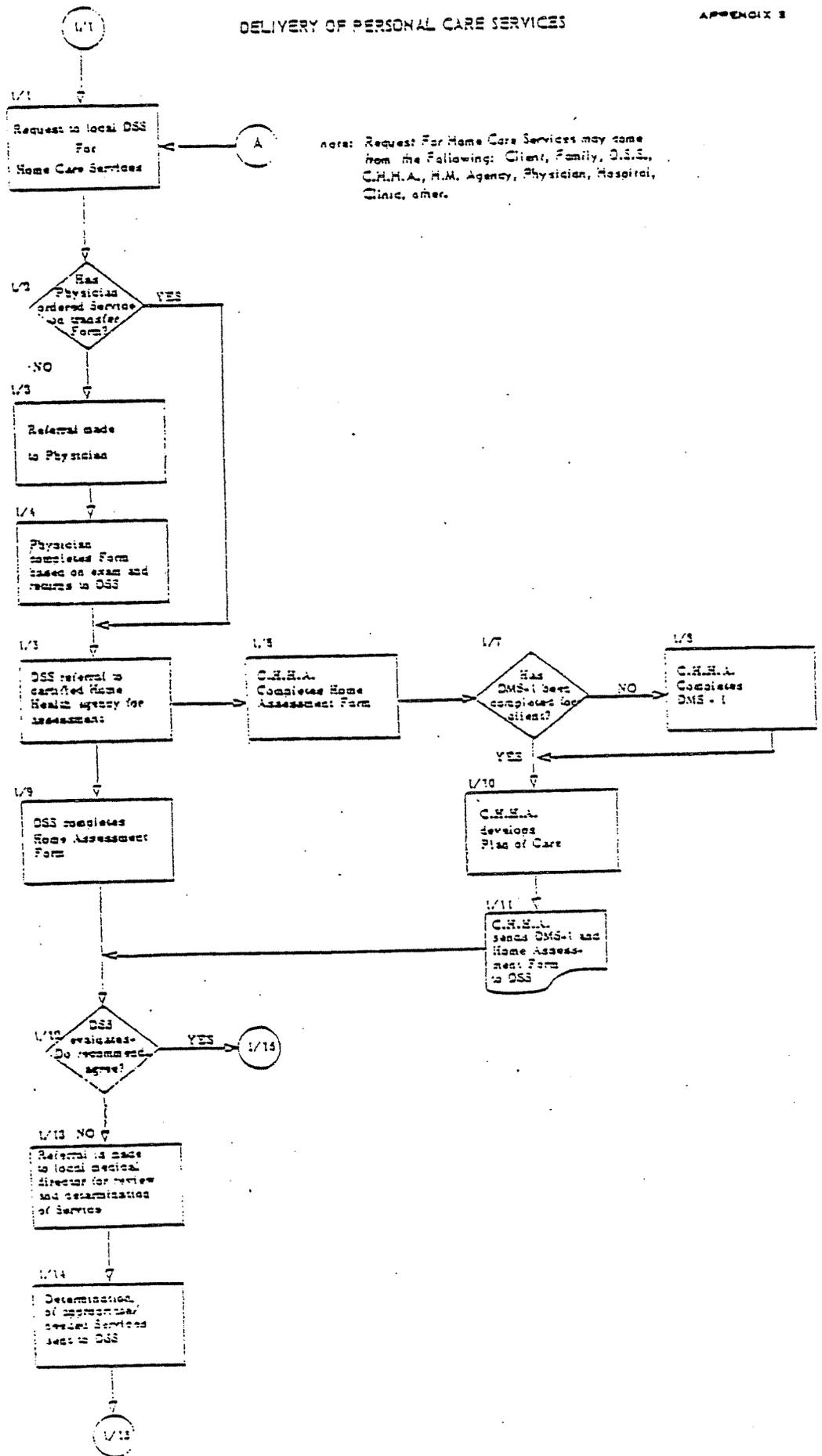


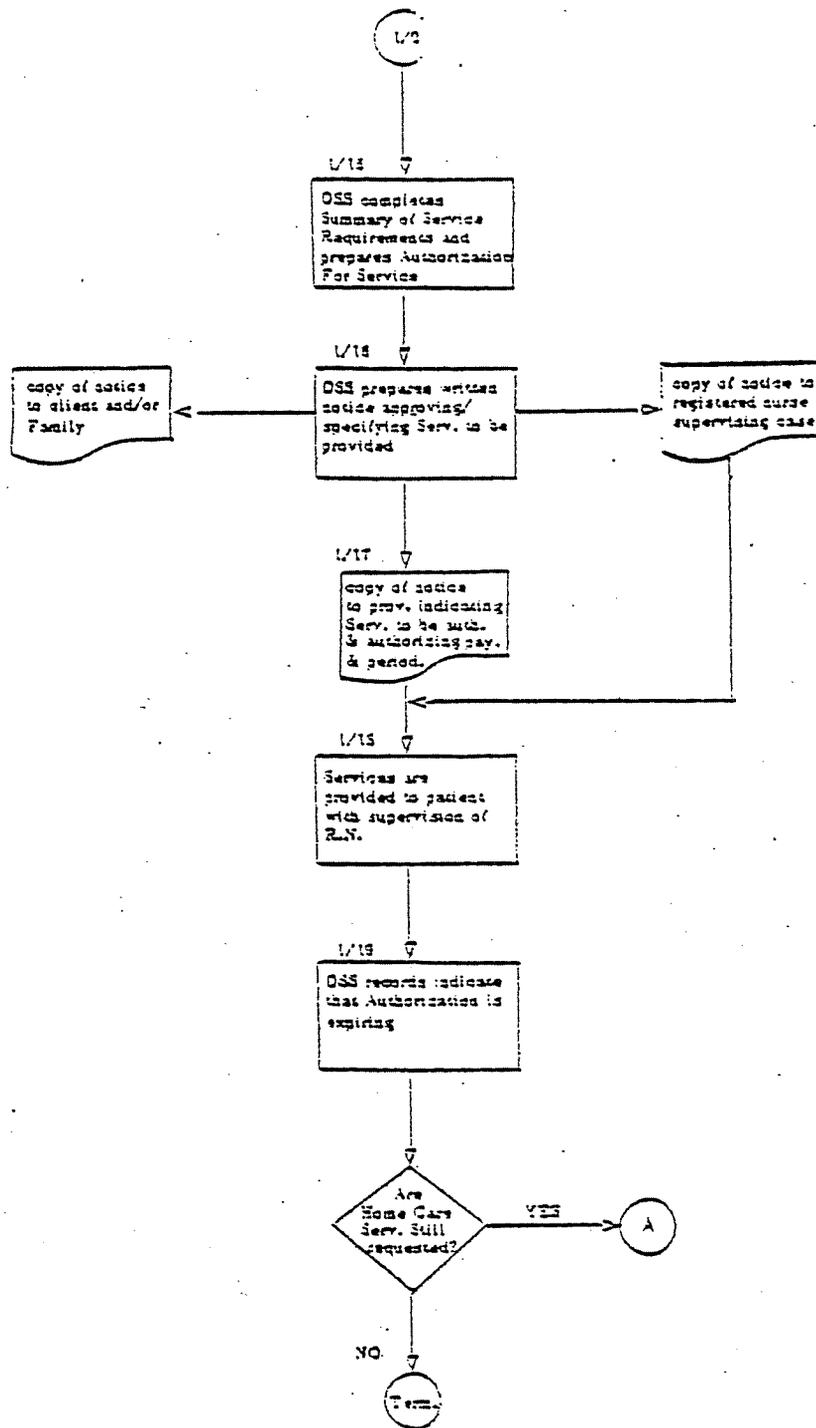
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Barbara B. Blum  
Commissioner

DELIVERY OF PERSONAL CARE SERVICES

APPENDIX B







SOCIAL SERVICES

APPENDIX A

Home Health Aide Services      Personal Care Services      Homemaker Services      Housekeeper/Chore Services

FUNCTIONS OF THE SERVICE

Health Care	X			
Personal Care	X	X	X	
Household Tasks	X	X	X	X
Teaching Home Management		X	X	
Mother Substitute			X	

PROGRAM REQUIREMENTS

Assessment - Nursing - Home Health Agency	X	X	X	
Assessment - Social - D.S.S.	X	X	X	
Supervision-Registered Nurse-Home Health Agency	X	X	X	
Supervision-Registered Nurse-D.S.S.	X	X	X	
Supervision - Services Staff - D.S.S.	X	X*	X	X
Trained Personnel Required	X	X	X	
Doctor's Prescription Required	X	X	X	
Plan of Treatment Required	X	X	X	
D.S.S. Responsibility for Case Management-Plan of Service	X	X	X	X

PROVIDER

Certified Home Health Agency	X	X	X	X
Long Term Home Health Care Program	X	X	X	X
D.S.S. Staff		X	X	X
Voluntary Homemaker Agency		X**	X	X
Proprietary Homemaker Agency		X*	X	X
Individual - Unaffiliated Providers		X*	X	X

METHOD OF CLAIMING

Title XVIII (Medicare)	X			
Title XIX (Medicaid)	X	X		
Title XX (Services)			X	X

\*When only household tasks are prescribed, untrained, unaffiliated persons may be used.

\*\*Only with prior approval of the New York State D.S.S.

APPENDIX D

DSS 3139-1 (3/79)

OFFICE OF HEALTH SYSTEMS MANAGEMENT  
Instructions  
Home Assessment Abstract

Purpose:

The purpose of the Home Assessment Abstract is to assist in the determination of whether a patient's home environment is the appropriate setting for the patient to receive health and related services. This form is designed to provide a standardized method for all certified home health agencies and social services districts to determine the following questions essential to the delivery of home care services:

1. Is the home the appropriate environment for this patient's needs?
2. What is the functional ability of this patient?
3. What services are necessary to maintain this patient within this home setting?

General Information:

The assessment form includes an outline for the planning for the development of a comprehensive listing of services which the patient requires.

It is required that a common assessment procedure be used for the Long Term Home Health Care Program (LTHHCP), Home Health Aide Services and Personal Care Services. This procedure will apply to both initial assessments and reassessments. The Home Assessment Abstract must be used in conjunction with the physician's orders and the DMS-1 or its successor.

The assessment procedure will differ only in the frequency with which assessments are required. Assessments must be completed at the initial onset of care. Reassessments are required every 120 days for the LTHHCP and Home Health Aide Services. Reassessments for Personal Care Services are required on an as-needed basis, but must be done at least every six (6) months. At any time that a change in the condition of the patient is noted either by staff of the certified home health agency or the local social services district, that agency should immediately inform the other agency so that the procedures for reassessment can be followed.

The form has been designed so that certified home health agencies and local social services districts may complete assessments jointly, a practice which is highly recommended. When it is not possible to undertake assessments jointly, an indication of the person responsible for completing each section has been included on the form. If, while completing the assessment, a nurse or a social services worker believes they have information in one of the other areas of the form, for which they are not responsible, they may include that information.

It is required that the local certified home health agency complete the assessment form within fifteen (15) working days of the request from the local social services district. Completed forms should be forwarded to the local social services district. Differences in opinion on the services required should be forwarded to the local Professional Director, for review and final determination by a physician.

Instructions:Section 1 - Reason for Preparation (RN and SSW)

Check appropriate box depending on whether patient is being considered for admission to an LTHHCP, home health aide service provided by a certified home health agency, or personal care services.

For reassessment, include the dates covered by the reassessment and check whether the reassessment is for an LTHHCP patient, certified home health agency patient, or personal care service patient. If none is appropriate, specify under "other" why form is being completed.

Section 2 - Patient Identification (RN and SSW)

Complete patient's name and place of residence. If the patient is or will be residing at a place other than his home address, give the address where he will be receiving care. Include directions to address where the patient will be receiving care.

The item "Social Services District" requires the name of the Social Services District which is legally responsible for the cost of the care. In large Social Services districts the number or name of the field office should be indicated.

Section 3 - Current Location of Patient (RN and SSW)

Check the current location/diagnosis of the patient. If the patient is in an institution, give name of facility. If he/she is at home and receiving home care, give name of organization providing the service. Complete the "Diagnosis" on all cases.

Section 4 - Next of Kin/Guardian (SSW)

Complete this section with the name of the person who is legally responsible for the patient. This may be a relative or a non-relative who has been designated as power of attorney, conservator or committee for the management of the patient's financial affairs.

Section 5 - Notify in Emergency (SSW)

Complete section with requested information on whom to call in an emergency situation.

Section 6 - Patient Information (SSW)

Complete all information pertinent to the patient. Use N/A if an item is not applicable. Specify the language(s) that the patient speaks and understands.

Check the category of living arrangements that best describes the living arrangements of the patient.

Definitions of Living Arrangements:

One family house - nuclear and extended family

Multi-family house - two or more distinct nuclear families

Furnished room - one room in a private dwelling, with or without cooking facilities

Senior citizen housing - apartments, either in clusters or high-rise

Hotel - a multi-dwelling providing lodging and with or without meals

Apartment - a room(s) with housekeeping facilities and used as a dwelling by a family group or an individual

Boarding House - a lodging house where meals are provided

If walk-up - when the living unit requires walking up stairs, specify number of flights

Lives with - specify with whom the patient lives. Members of household should be detailed in Section 7.

Other Patient Information:

- Social Security Number
- Medicare Numbers
- Medicaid Number
- Blue Cross Number
- Workmens Compensation
- Veterans Claim Number

To obtain correct numbers, the interviewer should ask to see the patient's identification card for each item.

Veterans Spouse - Patient may be eligible for benefits if a veteran's spouse.

Other - Identify insurance company and claim number if the patient has coverage in addition to those listed above.

Source of Income/other benefits - Include all sources of income and benefits. When the patient is receiving Medicaid or if Medicaid is pending, the local social services district will already have all necessary information,

Amount of available funds - Since many elderly people have little money left after payment of rent, taxes and utilities, an effort should be made to determine the amount available after payment of these expenses. This is especially important in evaluating whether or not the patient has adequate funds for food and clothing.

Section 7 - Others in Home/Household (SSW)

Indicate all persons residing in the house with the patient and indicate if and when they will assist in the care of the patient. Indicate in Section 14 what service(s) this person(s) will provide. This information must be specific as it will be used to prepare a summary of service requirements for the individual patient.

Section 8 - Significant Others Outside of Home - (SSW)

A "Significant Other" is an individual who has an interest in the welfare of the patient and may influence the patient. This may be a relative, friend, or neighbor who may be able to provide some assistance in rendering care. Indicate the days/hours that this person will provide assistance.

Section 9 - Community Support - (SSW)

Indicate organizations, agencies or employed individuals, including local social services districts or certified home health agencies who have, or who are presently giving service to the patient; also indicate those services that have been provided in the past six months. Agencies providing home care, home delivered meals, or other services should be included if they have been significant to the care of the patient.

Section 10 - Patient traits - (SSW and RN)

Patient traits should help to determine the degree of independence a patient has and how this will affect care to this patient in the home environment. A patient's safety may be jeopardized if he shows emotional or psychological disturbance or confusion. It is important to determine if the patient is motivated to remain at home, otherwise services provided may not be beneficial.

For all criteria check the "yes" column if the patient meets the standard of the criteria defined. If, in your judgement the patient does not meet the standard as defined, check "no". If you have insufficient evidence to make a positive or negative statement about the patient, check the box marked "?/NA" - unknown or not applicable. If you check a no or ?/NA, please explain the reason in the space to the right. Also indicate source of information used as basis for your judgment.

Definitions:

Appears self directed and/or independent - the patient can manage his own business affairs, household needs, etc., either directly or through instruction to others.

Seems to make appropriate decisions - the patient is capable of making choices consistent with his needs, etc.

Can recall med. routine/recent events - the patient's memory is intact, and patient remembers when to take medication without supervision or assistance. Patient knows medical regimen.

Participates in planning/treatment program - the patient takes an active role in decision making.

Seems to handle crisis well - this means that the patient knows whom to call and what to do in the event of an emergency situation.

Accepts Diagnoses - the patient knows his diagnoses and has a realistic attitude toward his illness.

Motivated to remain at home - the patient wants to remain in his home to receive needed care.

Section 11 - Family Traits (SSW and RN as appropriate)

This section should be used to indicate whether the family is willing and/or able to care for the patient at home. The family may be able to care for the patient if support services are provided, and if required instruction and supervision are given, as appropriate, to the patient and/or family.

Definitions:

- a. Is motivated to keep patient home - this means that the family member(s) is (are) willing to have the patient stay at home to receive the needed care and will provide continuity of care in those intervals when there is no agency person in the home by providing care themselves or arranging for other caretakers.
- b. Is capable of providing care - the family member(s) is (are) physically and emotionally capable of providing care to the patient in the absence of caretaker personnel, and can accept the responsibility for the patient's care.
- c. Will keep patient home if not involved with care - the family member(s) will allow the patient space in the home but will not (or cannot) accept responsibility for providing the necessary services in the absence of Home Care Services.
- d. Will give care if support services given - this means that the family member(s) will accept responsibility for and provide care to the patient as long as some assistance from support personnel is given to the family member(s).
- e. Requires instruction to provide care - this item means that the family is willing and able to keep the patient at home and provide care but will need guidance and teaching in the skills to provide care safely and adequately.

Section 12 - Home/Place where care will be provided -(RN)

In order to care for a person in the home, it is necessary to have an environment which provides adequate supports for the health and safety of the patient. This section of the assessment is to determine if the home environment of the patient is adequate in relation to the patient's physical condition and diagnosis. Input from the patient and family should be considered where pertinent.

Specifically describe the problem, if one exists.

Definitions:

Neighborhood secure/safe - refers to how the patient and/or family perceives the neighborhood, for example, in the assessor's preception, the neighborhood may not be safe or secure but the patient may feel comfortable and safe.

Housing adequate in terms of space - refers to the available space that the patient will be able to have in the home. The space should be in keeping with the patient's home health care needs, without encroaching on other members of the family.

Convenient toilet facilities - refers to the accessibility and availability of toilet facilities in relation to the patient's present infirmities.

Heating adequate and safe - refers to the type of heating that will produce a comfortable environment. Safety and accessibility factors should be considered.

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Laundry facilities - refers to appliances that are available and accessible to the patient and/or family.

Cooking facilities and refrigerator - refers to those appliances that are available and accessible for use by the patient or family.

Tub/shower/hot water - refers to what bathing facilities are available and if the patient is able to use what is available. Modifications may have to be made to make the facilities accessible to the patient.

Elevator - refers to the availability of a working elevator and if the patient is able to use it.

Telephone accessible and usable - refers to whether or not there is a telephone in the home, or if one is available. Specify whether or not the patient is able to reach and use the telephone.

Is patient mobile in house - refers to the ability of the patient to move about in the home setting. Modifications may have to be made to allow mobility, for example, widening doorways and adding ramps for a patient in a wheelchair.

Any discernible hazards - refers to any hazard that could possibly have a negative impact on the patient's health and safety in the home.

Construction adequate - refers to whether or not the building is safe for habitation.

Excess use of alcohol/drugs by patient or caretaker - refers to whether or not the patient or caretaker uses these materials enough to endanger the patient's health and safety because of inadequate judgement, poor reaction time, etc.; smokes carelessly.

Is patient's safety threatened if alone - refers to situations that may cause injury to the patient. This includes situations such as physical incapacitation, impaired judgement to the point where the patient will allow anyone to enter the home, wandering away from home, and possibility of the patient causing harm to himself or others.

Pets - refers to if the patient has a pet(s) and if so, what problems does it present, for example, is the patient able to take care of the pet, is the pet likely to endanger the patient's caretaker, and what plans, if any, must be made for the care of the animal.

Additional Assessment factors - include items that would influence the patient's ability to receive care at home that are not considered previously.

### Section 13 - Recovery Potential (RN)

The anticipated recovery potential is important for short and long range planning.

Full recovery - the patient is expected to regain his optimal state of health.

Recovery with patient managed residual - the patient is expected to recover to his fullest potential with residual problem managed by himself, e.g., a diabetic who self-administers insulin and controls his diet.

Limited recovery managed by others - the patient is expected to be left with a residual problem that necessitates the assistance of another in performing activities of daily living.

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Deterioration - it is expected that the patient's condition will decline with no likelihood of recovery.

Section 14.- Services Required (RN, SSW to complete "D" as appropriate)

This section will serve as the basis for the authorization for service delivery. Fill in all services required, describing type, frequency and duration as pertinent. Specify whether the family or an agency will be providing services and frequency that the agency will be involved. It is necessary to determine the amount of services required to enable the local Social Services district to develop the summary of service requirements and to arrive at a total cost necessary to the Long Term Home Health Care Program. The local Social Services district will make the final budgetary determinations.

- A. This section determines what activities the patient can/cannot do for himself, also the frequency which the patient needs help in performing these activities.
- B. The RN should determine what level of services are needed or anticipated.

Example:

	Yes	No	Type/Freq. Dur.	Agency/Family Agency Freq.
Registered Nurse	X		1 hr/2XW/1mo.	V.N.S.
Physical Therapy		X		
Home Health Aide	X		4 hr/3Xw/1mo.	V.N.S.
Speech Pathology		X		
Occupational Therapy		X		
Personal Care	X		4 hr/5Xw/1mo.	Homemaker Upjohn
Clinic	X		1xwk-Mondays 1 pm	St. Luke's Hospital Surgical

C. Equipment/Supplies

The nurse should determine what medical supplies and equipment are necessary to assist the patient. Consideration should be for the rehabilitation and safety needs of the patient. Circle the specific equipment required and describe in type/freq./dur. column, etc.

Example:

Dressing, cath equipment ---#18 Foley/1xmo/6mo

D. Other Services

The RN should indicate any other health service needed for the total care of the patient. The SSW should complete the balance of the service needs.

Service needs will not be changed by the local social services district without consulting with the nurse. If there is disagreement, the case will be referred to the local professional director for review and final determination by a physician.

### Section 15 - (SSW and RN)

#### DMS-1 Predictor Score

The predictor score must be completed. To be eligible for the LTHHCP, the patient's level of care needs must be determined and must be at the Skilled Nursing Facility (SNF) or Health Related Facility (HRF) level. The predictor score must be completed for home health aide and personal care services to assure adequate information for placement of personnel.

If the patient is institutionalized the predictor score should be obtained from the most recent DMS-1 completed by the discharge planner of that facility. If the patient is at home, it may be necessary for the nurse from the LTHHCP or certified home health agency to complete a DMS-1 form during the home assessment to ascertain the predictor score. Refer to the instructions for completing the DMS-1, if necessary.

#### Override necessary

An override is necessary when a patient's predictor score does not reflect the patient's true level of care. For example, a patient with a low predictor score may require institutional care due to emotional instability or safety factors. Either the institution's Utilization Review physician or physician representing the local professional director must give the override.

#### Can needs be met through home care?

Indicate if the patient can remain at home if appropriate services are provided. If the patient should not remain at home for health or safety reasons, be specific in your reply.

#### Institutional Care

Give specific reason why institutionalization is required. Check the level of institutional care the patient requires. Indicate if the patient can be considered for home care in the future.

### Section 16 - Summary of Service Requirements - (SSW)

This information is to be used in correlation with services required for the patient to remain at home (Section 14). This section is to determine the cost of each individual service, source of payment, date services are effective and total monthly budget.

The SSW should complete this section including unit cost and source of payment. Subtotal and total costs will be determined by the local social services department.

Section 17 - Person who will relieve in an emergency - (SSW and RN)

This should be an individual who would be available to stay with the patient, if required, in a situation where the usual, planned services are not available. An example would be, when an aide did not appear on schedule, and the patient could not be left alone.

Narrative - (SSW and RN)

The narrative should be used to describe details of the patients condition, not covered in previous sections, that will influence the decision regarding placement of the patient.

Assessment completed by

Each professional should sign and date this form. Include agency and telephone number.

Authorization to provide services for the LTHHCP, Home Health Aide or Personal Care Services will be provided by the Local District Social Services Commissioner or his designee.



**7. To be completed by S S W**

**OTHERS IN HOME/HOUSEHOLD:** Indicate days/hours that these persons will provide care to patient.  
If none will assist explain in narrative.

Name	Age	Relation-ship	Days/hours at home	Days/hours will assist
1.				
2.				
3.				
4.				

**8. To be completed by S S W**

**SIGNIFICANT OTHERS OUTSIDE OF HOME:** Indicate days/hours when persons below will provide care to patient.

Name	Address	Age	Relationship	Days/Hours Assisting
1.				
2.				
3.				
4.				
5.				

**9. To be completed by S S W**

**COMMUNITY SUPPORT:** Indicate organization/persons serving patient at present or has provided a service in the past six (6) months.

Organization	Type of Service	Presently Receiving	Contact Person	Tel No.
1.				
2.				
3.				
4.				

**10. To be completed by S S W and R.N.**

**PATIENT TRAITS:**

	Yes	No	? N/A	If you check No, ? N/A, describe
Appears self directed and/or independent				
Seems to make appropriate decisions				
Can recall med routine/recent events				
Participates in planning/treatment program				
Seems to handle crises well				
Accepts Diagnosis				
Motivated to remain at home				

**11. To be completed by S S W and R.N. as appropriate.**

**FAMILY TRAITS:**

	Yes	No	?	
a. Is motivated to keep patient home				If no, because
b. Is capable of providing care (physically & emotionally)				If no, because
c. Will keep patient home if not involved with care				Because
d. Will give care if support services given				How much
e. Requires instruction to provide care				In what—who will give

**12. To be completed by R.N.**

HOME/Place where care will be provided:

	Yes	No.	?	If problem, describe
Neighborhood secure/safe				
Housing adequate in terms of: Space				
Convenient toilet facilities				
Heating adequate and safe				
Cooking facilities & refrigerator				
Laundry facilities				
Tub/shower/hot water				
Elevator				
Telephone accessible & usable				
Is patient mobile in house				
Any discernible hazards (please circle)				Leaky gas, poor wiring, unsafe floors, steps, others (specify)
Construction adequate				
Excess use of alcohol/drugs by patient/ caretaker; smokes carelessly.				
Is patient's safety threatened if alone?				
Pets				

ADDITIONAL ASSESSMENT FACTORS: \_\_\_\_\_

**13. To be completed by R.N.**

RECOVERY POTENTIAL ANTICIPATED

COMMENTS

Full recovery _____	<input type="checkbox"/>	_____
Recovery with patient managed residual _____	<input type="checkbox"/>	_____
Limited recovery managed by others _____	<input type="checkbox"/>	_____
Deterioration _____	<input type="checkbox"/>	_____

14. To be completed by RN – SSW to complete "D" as appropriate

FOR THE PATIENT TO REMAIN AT HOME – SERVICES REQUIRED

WHO WILL PROVIDE

SERVICES REQUIRED	WHO WILL PROVIDE				
	YES	NO	TYPE/FREQ/DUR	AGENCY/FAMILY	AGENCY FREQUENCY
A. Bathing					
Dressing					
Toileting					
Admin. Med.					
Grooming					
Spoon feeding					
Exercise/activity/walking					
Shopping (food/supplies)					
Meal preparation					
Diet Counseling					
Light housekeeping					
Personal laundry/household linens					
Personal/financial errands					
Other					
B. Nursing					
Physical Therapy					
Home Health Aide					
Speech Pathology					
Occupational Therapy					
Personal Care					
Homemaking					
Housekeeping					
Clinic/Physician					
Other 1.					
2.					
C. Ramps outside/inside					
Grab bars/hallways/bathroom					
Commode/special bed/wheelchair					
Cane/walker/crutches					
Self-help device, specify					
Dressings/cath. equipment, etc.					
Bed protector/diapers					
Other					
D. Additional Services (Lab, O <sub>2</sub> , medication)					
Telephone reassurance					
Diversion/friendly visitor					
Medical social service/counseling					
Legal/protective services					
Financial management/conservatorship					
Transportation arrangements					
Transportation attendant					
Home delivered meals					
Structural modification					
Other					

15. To be completed by SSW and RN.

DMS Predictor Score \_\_\_\_\_ Override necessary

Yes  No

Can patients health/safety needs be met through home care now?

Yes  No

If no, give specific reason why not \_\_\_\_\_

Institutional care required now?  Yes  No

If yes, give specific reason why. \_\_\_\_\_

Level of institutional care determined by your professional judgment: SNF  HRF  DCF

Can the patient be considered at a later time for home care? Yes  No  N/A

**16. To be completed by SSW**  
**SUMMARY OF SERVICE REQUIREMENTS**

Indicate services required, schedule and charges (allowable charge in area)

Services	Provided By	Hrs./Days/Wk.	Date Effective	Est Dur.	Unit Cost	Payment by			
						MC	MA	Self	Other
Physician									
Nursing									
Home Health Aide									
Physical Therapy									
Speech Pathology									
Resp. Therapy									
Med. Soc. Work									
Nutritional									
Personal Care									
Homemaking									
Housekeeping									
Other (Specify)									
Medical Supplies/Medication									
1.									
2.									
3.									
Medical Equipment									
1.									
2.									
3.									
Home Delivered Meals									
Transportation									
Additional Services									
1.									
2.									
Structural Modification									
Other (Specify)									
1.									
2.									

SUBTOTAL

SUBTOTAL \_\_\_\_\_

TOTAL COST \_\_\_\_\_

17. To be completed by SSW and RN

Person who will relieve in case of emergency

Name	Address	Telephone	Relationship

Narrative: Use this space to describe aspects of the patients care not adequately covered above.

Assessment completed by:

\_\_\_\_\_ R.N.

\_\_\_\_\_ Date Completed

\_\_\_\_\_ Local DSS Staff

\_\_\_\_\_ Date Completed

\_\_\_\_\_ Supervisor DSS

\_\_\_\_\_ Date

\_\_\_\_\_ Agency

\_\_\_\_\_ Telephone No.

\_\_\_\_\_ District

\_\_\_\_\_ Telephone No.

\_\_\_\_\_ District

\_\_\_\_\_ Telephone No.

Authorization to provide services:

\_\_\_\_\_ Local DSS Commissioner or Designee

\_\_\_\_\_ Date

## APPENDIX E

### JOB GUIDELINES FOR NURSE SUPERVISOR OF PERSONAL CARE SERVICES

#### General Statement of Duties

The nurse supervisor is responsible for the nursing supervision of personal care services in accordance with the policies and procedures listed in the New York State Department of Social Services Regulations 505.14.

#### Primary Duties

As explained in the Administrative Directive on Scope and Procedures for Personal Care Services, the nurse supervisor is responsible for the orientation of personal care service providers for each new assignment, the evaluation of these provider's abilities, the provision of on-the-job instruction for these providers, the evaluation of the health care needs of the patient and the maintenance of records and forwarding reports. In addition, this nurse may assist in the development and implementation of the required basic and in-service training of personal care service providers.

#### Required Knowledge, Skills and Abilities

Knowledge of what constitutes good nursing care for the elderly, chronically ill or disabled in the home setting; the ability to identify symptoms and signs of current and potential health problems; the ability to assess a patient's functional capacity to manage safely in the home setting and to assess the home environment for potential hazards; the ability to work with other professionals in assessing the psychosocial factors which affect the patient's ability to manage safely in the home setting; the knowledge and ability to develop an appropriate plan of care based on nursing assessment and physician's orders; the ability to assess the quality of the aide's performance and provide on-the-job instruction; the ability to assess the training needs of persons providing personal care services, and personal characteristics to work with other disciplines in providing coordinated services to patients and their families.

#### Qualifications

##### Minimum Qualifications

1. A limited permit to practice or a license and current registration to practice as a registered professional nurse in New York State.

A nurse employed as a nurse supervisor shall be licensed and currently registered in this state or hold a limited permit to practice as a registered nurse in this state pending the issuance of a license. Both the local district and the nurse may be subject to prosecution in accordance with the provision of Title VIII of the Education Law if a nurse during any period of his/her employment does not have a current New York State license or limited permit.

Qualifications (Cont'd)

2. At least two years satisfactory recent experience as a registered nurse.

A nurse shall have been employed for at least two years as a registered professional nurse. Employment in other capacities is not acceptable. In addition, the nurse shall have references from all relevant previous employers indicating satisfactory performance.

3. A combination of education and experience which is equivalent to the experience requirements described in 2. above, with at least one year of experience in nursing care.

The applicant may substitute a Bacclaureate Degree in nursing from a school registered by the New York State Education Department for one year of experience required above. However, the applicant must have at least one year satisfactory experience as a registered professional nurse.

Recommendations

All nurse supervisors are required to meet the minimum qualifications listed above. Whenever feasible, program administrators should select a nurse with nursing experience in a certified home health agency, an Article 36 facility. (Certified home health agencies include home care services units or county nursing services, hospital-based home care units, visiting nurse services and long-term home health care programs). There are three advantages to a nurse with this type of experience: First, this nurse usually will have had direct experience in the provision of home care services and the supervision of personal care service providers. Second, a Public Health Nurse supervisor will have monitored this nurse's on-the-job performance. Finally, working with other public health nurses, the nurse will have gained additional skill and knowledge.

If such nurse is not available, the program administrator should consider a nurse who has had experience in the provision of nursing care for the elderly, chronically ill or disabled and the supervision of paraprofessionals (e.g., nurse's aides) in the care of these individuals. This would mean experience as a staff nurse on a medical/surgical unit of a hospital, rehabilitative facility, or nursing home. A nurse with experience as a discharge planner might also be an appropriate candidate. If a significant percentage of the cases include child care cases, the administrator may want to substitute nursing care experience in pediatrics or maternal child health. Whatever the type of experience, the administrator should check that the nurses' past responsibilities included the provision of nursing care and the supervision of paraprofessionals.

APPENDIX F

PLAN FOR DELIVERY OF  
PERSONAL CARE SERVICES

NAME OF LOCAL DISTRICT: \_\_\_\_\_

NAME OF PERSON COMPLETING THE PLAN: \_\_\_\_\_

TITLE OF PERSON COMPLETING PLAN: \_\_\_\_\_

---

When the answer to a question requires attachments or additional space, please label the answer with the number of the question, including the letter designation for the section and numbers and letters for all sub-sections.

A. GENERAL INFORMATION:

1. Does your agency provide personal care services as an item of Medical Assistance?

YES

NO

If NO, please explain on an attached sheet of paper why you do not. Do not complete the balance of the plan. (Label Sheet A.1.)

2. Where is the administrative responsibility for this program placed in your agency?

SERVICES

MEDICAL ASSISTANCE

OTHER (Explain)

3. Attach an organizational chart to show the local of program administration including the relationship of this program to Medical Assistance and to Services. (Label Chart A.3.)

4. Project the average monthly caseload and the annual total caseload, which will receive the following services:

MONTHLY: PERSONAL CARE SERVICES \_\_\_\_\_

HOME HEALTH AIDE SERVICES \_\_\_\_\_

ANNUAL: PERSONAL CARE SERVICES \_\_\_\_\_

HOME HEALTH AIDE SERVICES \_\_\_\_\_

5. What are your projected costs for the current calendar year for the following?

PERSONAL CARE SERVICES \_\_\_\_\_

HOME HEALTH AIDE SERVICES \_\_\_\_\_

ASSESSMENTS - CERTIFIED HOME HEALTH AGENCY \_\_\_\_\_

SUPERVISION \_\_\_\_\_

6. Diagram or outline on a flowchart on a separate sheet of paper the process by which a client requests personal care services from your agency, including delivery of service and reauthorization. Indicate sections and positions of staff involved. (Label Page A.6.)

B. PROVISION OF SERVICE:

1. How will Personal Care Services be provided (check all which apply)?

Indicate next to each, the percentage of your personal care program which will be provided by each provider:

a.  Direct, D.S.S. staff (Answer Questions in B 3a) \_\_\_\_\_%

b. Contract with: (Answer Questions B 3b, 1, 2, 3) \_\_\_\_\_%

(1) Voluntary Homemaker Agency \_\_\_\_\_%

(2) Public Agencies \_\_\_\_\_%

(3) Proprietary Agencies \_\_\_\_\_%

c.  Agreement with Individual Providers (Answer Questions in B 3c) \_\_\_\_\_%

2. Describe the rationale for the allocation of cases among the types of providers listed above.

3. Answer all questions applicable to those checked above.

a. Direct - By D.S.S. Staff:

1) How many personal care aides/homemakers do you have on staff? \_\_\_\_\_

2) In which unit or division are they located within the agency?

\_\_\_\_\_

- 3) Attach a copy of job specifications for personal care aide/homemaker. (Label Specifications, B 3.a3)
- 4) Do these personal care aides/homemakers fulfill any other functions? (check all which apply)

- Care of child - caretaker relative is absent
- Care of child - caretaker relative is ill
- Help caretaker relative learn to care for child and home
- Protect child
- Prevent foster care placement
- Care of adult, Adult Protective Services
- Other (Please list)

5) What percentage of personal care aide's/homemaker's time is spent on Personal Care Services? \_\_\_\_\_%

6) Who is responsible (indicate position and unit) for the administrative supervision of the personal care aide/homemaker for each of the following:

Time Records: \_\_\_\_\_

Discipline Action: \_\_\_\_\_

Performance Evaluation: \_\_\_\_\_

Identification of Training Needs: \_\_\_\_\_

b. Contract Arrangements with Other Agencies:

- 1) For each of the agencies with whom you contract, complete a provider information sheet. (Label B 3.bl) Copies may be found at the end of this plan. If additional copies are needed, they may be reproduced from those attached.

- 2) If you are using a local contract with local variations, which has not been approved by the State Department of Social Services, please submit a copy of that contract for approval. (Label Contract, B 3.b2).
- 3) Describe the process used to select agencies with whom your local social service district contracts. Include copies of any written materials used. (Label materials B 3.b3)
- 4) Is your agency requesting an exception to use a proprietary agency?

YES

NO

If YES, explain the reason why this exception is requested.

- 5) What services will be purchased from proprietary agencies?

Personal Care functions, including bathing, grooming, toileting, transfer activities, assistance in eating.

Environmental and nutrition support, including preparation of meals, care of home, laundry, shopping.

Other (explain)

c. Arrangements with Individuals:

- 1) Does your agency plan to use individual providers of personal care services?

YES

NO

If YES, indicate which functions will be delivered by an individual provider:

- Personal Care functions, including bathing, grooming, toileting, transfer activity, assistance in eating, only.
- Environmental and nutrition support, including preparation of meals, care of home, laundry, shopping, only.
- Other (explain).

2) Is your district requesting permission to utilize individuals to provide personal care functions?

YES                       NO

If Yes, explain why such exception is necessary.

3) How many individual providers will be used? \_\_\_\_\_

4) How many cases will be served? \_\_\_\_\_

5) Describe on a separate sheet of paper the minimum qualifications for individual providers and methods used to determine that such individuals are qualified to deliver personal care services. (Label Sheets B 3.c5).

6) Describe how the local social service district will handle the following:

a) Training of individual (If plan has been submitted to department for approval, indicate the name under which plan was submitted).



- 7) If local version of an agreement with individual providers is used, please submit a copy of that agreement for approval. (Label Agreement, B 3.c.7).

C. PHYSICIAN'S ORDERS:

1. Do you intend to obtain physician's orders on forms developed by State?

YES

NO

If NO, please submit a copy of the form which you propose to use for approval. (Label Form C 1.).

D. ASSESSMENT:

1. With which certified home health agencies does your district contract for nursing assessments? (Indicate if agency has a specific geographical area which it serves). Do you reimburse the certified home health agencies at the maximum reimbursable rate established by the State Department of Health for this agency?

YES

NO

If NO, how is the rate negotiated?

2. Indicate which staff is responsible for social assessments.

SERVICES

MEDICAL ASSISTANCE

OTHER

3. Are assessments done jointly by the certified agency and the local social service district when possible?

YES

NO

If NO, indicate reasons why not.

4. If your district has added amendments to the State Model Contract (Administrative Directive - Contracting for Personal Care Services, Appendix B) or uses a local contract, attach such amendments or contracts for review and approval. (Label D 4.).

5. Does your district intend to use the nursing and social assessment form in Appendix D?

YES

NO

If NO, attached a copy of the nursing and social assessment forms which your district intends to use. (Label D 5.).

E. NURSING SUPERVISION:

1. Who is responsible for the supervision of the personal care program?

Public Health Nurse through contract with a certified home health agency or public health nursing service. List those agencies with whom local district contracts (Answer Question in E 2.a.).

R.N. on D.S.S. staff (Answer Questions in E 2.b.).

Local district is requesting an exception for provision of nursing supervision by provider agencies (Answer Questions in E 2.c. and on the Provider Information Sheet).

2. Answer the appropriate questions below depending on above questions.

a. Supervision Provided by Contract with Certified Home Health Agency

1) Who is the designated contact person in the local social service district who serves as the liaison with the certified home health agency?

NAME: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

2) What procedures exist for the transfer of information from the nurse supervisor to the D.S.S. or from D.S.S. to the nurse supervisor?

3) Is the nurse supervisor involved in training programs for personal care aides/homemakers?

YES                       NO

If YES, describe role.

- 4) Is the nurse supervisor involved in the evaluation of the performance of individual personal care aides/homemakers?

YES  NO

If YES, describe role.

- 5) Does the nurse supervisor have any additional responsibilities?

YES  NO

If YES, indicate other responsibilities and percentage of time spent on such activities.

b. Supervision Provided by D.S.S. Staff

- 1) How many nurses are employed by D.S.S.? \_\_\_\_\_
- 2) Provide a functional duty description for the nurses including the titles, duties, and qualifications for each position. (If the description is used directly from Department Regulations Section 680, this question may be answered by citing the reference used). (Label E b.2.).
- 3) What is the ratio of nursing supervisors to personal care aides/homemakers? \_\_\_\_\_
- 4) What is the ratio of nursing supervisors to persons providing environmental and nutrition support services? \_\_\_\_\_
- 5) Indicate the location of the nurse on the organizational chart required in question A.3.

- 6) Does the nurse have direct supervisory responsibility for the personal care aides/homemakers?

YES  NO

If No, what procedures exist for the feedback of information from the nurse supervisor to the person responsible for the supervision of personal care aides/homemakers?

- 7) What procedures exist for the feedback of information from the nurse supervisor to the case manager?

- 8) Is the nurse supervisor involved in training programs for personal care aides/homemakers?

YES  NO

If YES, describe role.

- 9) Is the nurse supervisor involved in the evaluation of the performance of the individual personal care aides/homemakers?

YES  NO

If YES, describe role.

- 10) Does the nurse supervisor have any additional responsibilities?

YES  NO

If YES, indicate other responsibilities and percentage of time spent on such activities.

c. Supervision Provided by Provider Agencies

1) Explain why the local social services district is requesting an exception to provide nursing supervision through a provider agency.

2) Do the nurses within the provider agency serve as a contact person between D.S.S. and the provider agency?

YES

NO

If NO, indicate who serves as the contact person.

3) What procedures exist for the transfer of information from the nurse supervisor to the D.S.S. or from D.S.S. to the nurse supervisor?

Questions about the nurse supervisor in the provider agency are included on the Provider Information Sheet.

F. CASE MANAGEMENT:

1. Where is responsibility for the overall case management of personal care cases placed in your agency?

SERVICES

MEDICAL ASSISTANCE

OTHER \_\_\_\_\_

2. How are referrals for personal care services received and handled?

3. Is information on the services provided to referred person provided back to referring agency?

YES

NO

If NO, explain why not.

4. Who has responsibility for preparation of and signing of authorizations for services?

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

5. Indicate staff responsible for maintenance of case records.

SERVICES

MEDICAL ASSISTANCE

If State form is used for the case narrative, indicate the number. \_\_\_\_\_  
If a local form is used, include a copy. (Label Form F.5.)

6. If clients have complaints regarding the service, whom do they contact?

D.S.S.

CERTIFIED HOME HEALTH AGENCY

PROVIDER AGENCY

OTHER (explain)

7. Explain procedures for reviewing and evaluating client complaints, including emergency replacement of providers.

G. MONITORING OF SERVICE:

1. Where is the responsibility for development and implementation of a plan for monitoring and evaluating personal care programs placed in your agency?

SERVICES

MEDICAL ASSISTANCE

OTHER

2. Describe the district's plan for monitoring personal care services, including any of the following techniques used, sampling techniques and the titles of persons responsible for monitoring the providers used.

On-site Reviews:

Client Case Record Reviews:

Personal Care Worker Files:

Visits to Client's Home:

Assessment of Training Program:

Fiscal Monitoring:

Telephone Survey:

3. Describe procedures used in following up monitoring activities to assure that corrective action is taken by the provider agency.

H. OTHER

Indicate any other characteristics or problems of the personal care program in your district.

PROVIDER INFORMATION SHEET  
CONTRACT ARRANGEMENTS WITH PROVIDER AGENCIES  
B. 3. b 1

Name of Provider Agency  
Any local identifying code number used for agency  
Address of Agency

Addresses of Satellite Agencies doing business under the same name

---

1. What percentage of your district's personal care cases are handled by this agency? \_\_\_\_\_%

2. Check all of the following which describe this agency:

NON-PROFIT

HOMEMAKER AGENCY

PROPRIETARY

OTHER (explain)

CERTIFIED HOME HEALTH AGENCY

3a. The following information must be disclosed by the provider agency:

(i) The name and address of each person with an ownership or control interest in this agency or in any subcontractor in which this agency has direct or indirect ownership of 5% or more;

(ii) Whether any of the persons named, in compliance with paragraph (i) of this section, is related to another as spouse, parent, child or sibling;

- (iii) The name of any other provider agency in which a person with an ownership or control interest in this agency also has an ownership or control interest;
- (iv) The ownership of any subcontract with whom the provider has had business transactions totaling more than \$25,000 during the immediately preceding 12 month period;
- (v) Any significant business transactions between the provider and any wholly owned supplier, or between the provider and any wholly owned supplier or between the provider and any subcontractor, during the immediately preceding five year period.

3b. Has any person who has ownership or control interest in the provider, or is an agent or managing employee of the provider been convicted of a criminal offense?

YES

NO

If YES, list the name(s) and address(es) of such person(s); the nature and underlying facts of such conviction(s); and the sentence imposed upon such conviction(s).

3c. Does this agency have formal arrangements or contracts with any other agency?

YES

NO

If YES, list the name(s) and address(es) of the related agency(ies) and describe the relationship and any functions provided by one agency for another. For subsidiaries and franchises, indicate the name of the parent firm. For non-profit agencies, indicate the type of agreement or contracts.

4. What personal care services functions are provided under a contract arrangement by this agency?

Personal care functions only.

Environmental and nutrition support only.

Personal care and environmental and nutrition support functions.

Other

5. Does this agency provide nursing supervision as part of its contract responsibilities?

YES

NO

If YES, answer the following questions:

a. How many nurses are employed by the provider agency for supervision of personal care aides/homemakers? \_\_\_\_\_

b. What is the ratio of nursing supervisors to personal care aides/homemakers? \_\_\_\_\_

c. What is the ratio of nursing supervisors to persons providing environmental and nutrition support services? \_\_\_\_\_

d. Provide a functional duty description, including titles, duties, and qualifications of each nursing position.

e. Indicate the location of this nurse within this agency, including the relationship with the nurse to the personal care aides/homemakers.

f. What training is provided by the provider agency and the local social services district for this nurse?

g. Is the nurse supervisor involved in the training program for personal care aides/homemakers?

YES

NO

If YES, explain role.

h. Does the nurse supervisor have any additional responsibilities?

YES

NO

If YES, indicate other responsibilities and percentage of time spent on such activities.

6. What other services are provided by this agency under Medical Assistance or under Title XX. (List service and funding sources).

7. What is the rate of reimbursement for personal care services provided by this agency? Attach schedule of all rates charged by agency, including rates charged for non-Medicaid services.

8. How was this rate of reimbursement established?  
(Check all those that apply)

- A cost based rate established individually for each provider.
- A rate negotiated with this agency individually.
- A rate established by D.S.S. for all agencies from whom services are purchased.
- Other (explain)

9. Indicate what items of expense are included in the rate for this provider. (Check all which apply)

Rate of salary of personal care aides (excluding benefits). State amount. \$ \_\_\_\_\_

Rate of fringe benefits for personal care aides. List benefits provided and the rate for each. \$ \_\_\_\_\_

Indicate total salary and benefits. \$ \_\_\_\_\_

Salary of Administrative staff. (List the positions and duties of those contributing to the support of this service, including supervisors and consultants. If the position is involved in other programs, indicate the percentage of time involved in personal care services).

- Fringe benefits for administrative staff.
- Cost of maintaining administrative offices.
- Cost of telephone and postage.
- Cost of office supplies and equipment depreciation.
- Training of staff (See Administrative Directive 78-ADM-19).  
(Check those items which are included in the rate).
  - Salary for Trainers
  - Space for Training
  - Equipment used in Training
  - Materials for Trainees
  - Assessment of Skills and Understanding
  - Other (list)

What is cost of preparing or training (exclude health exam) an individual aide? \$ \_\_\_\_\_

If the total cost of training an aide is not included in the rate, indicate who is responsible for the expense of training? Indicate whether any part of the training cost is borne by the aide.

Are public funds used for training?

YES                       NO

If YES, indicate the source.

Physical examinations. (See Administrative Directive 78 ADM-86)

Immunizations and Health Screening. (See Administrative Directive 78 ADM-86)

Uniforms

Indicate what is included:

Provide total uniform

Provide agency patch or emblem

Provide maintenance and laundry

Other (list)

Insurance

Liability

Fire Insurance

Other (explain)

Transportation

If transportation is not included in the rate, but is paid, indicate the basis of payment.

Private car - mileage

Indicate rate \_\_\_\_\_

Public transportation - bus

Public transportation - taxi

Other (explain)

If transportation is not included in the rate, what proof of transportation cost is required for reimbursement?

Other items included in rate (list)

Does this agency receive any unrestricted donated funds?

YES

NO

If YES, indicate source.