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 | ADMINISTRATIVE DIRECTIVE |
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TRANSMITTAL: 91 ADM-24

TO: Commissioners of
 Social Services

DIVISION: Medical
 Assistance

DATE: August 6, 1991

SUBJECT: Personal Care Services: Exceptions to the Mandatory Trend
 Factor for 1991 Medical Assistance Personal Care Services
 Rates

SUGGESTED

DISTRIBUTION: Adult Services Staff
 Medical Assistance Staff
 Contracting Staff
 Staff Development Coordinators

CONTACT

PERSON: All questions concerning this release should be
 directed to your district's Personal Care Services
 rate approval contact persons: (1-800-342-3715)
 Rosemary Contompasis (Ext. 3-5870); Ronald Dippo
 (Ext. 3-4384); Joe Romero (Ext. 3-9852); Richard
 Ruid (Ext. 4-9151); Marlene Stevens (Ext. 3-9854);
 or Telefax (1-518-474-9062).

ATTACHMENTS:

I Exceptions to the 1991 Mandatory Trend Factor (On-
 line)
 II Format For Exception Request Submissions (On-line)
 III Chapter 53 of the Laws of 1990 (not On-line)

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
89 ADM-17		505.14(h)(5)	365-a(2)(e) Chapter 53 of the Laws of 1990;		90 LCM-152

I. PURPOSE:

This administrative directive informs social services districts of the conditions under which exceptions to the 1991 mandatory trend factor for contract/rate years beginning on or after July 1, 1990 will be considered and outlines the specific information that must accompany each exception request.

II. BACKGROUND:

Chapter 53 of the Laws of 1990 (see Attachment III) requires that a mandatory trend factor be developed for Medical Assistance payment rates for personal care services. The trend factors approved by the Division of the Budget (DOB) for contract years beginning on or after July 1, 1990 are:

- 4.5% for all counties outside of NYC
- 5.0% for NYC.

Chapter 53 further requires that exceptions to the trend factor may be considered and acted upon by the Department and DOB for extraordinary circumstances, such as the inability to provide adequate personal care services, a diminution in the quality of services or such other service delivery factors as defined by the Department in conjunction with personal care services providers and social services districts. All personal care rates submitted at or below the mandated trend factor will be reviewed and acted upon by the Department and DOB within two months of receipt of a complete rate request package. Personal care rates submitted above the mandated trend factor will be reviewed and acted upon by the Department and DOB within four months of receipt of a complete rate request package.

To assure that requests for exceptions to the trend are handled in a uniform and timely manner, it is necessary to specifically outline the circumstances that must exist before an exception will be considered and to standardize the information that must be submitted with each request.

III. PROGRAM IMPLICATIONS:

Outlining and standardizing the required information will assist both social services districts and Department staff in the following manner:

- A. Exception criteria will allow social services district staff to request increases in personal care rates above the mandated trend factor when extraordinary circumstances exist in their districts. (For a detailed explanation of the allowable exceptions, see Attachment I).

- B. Social services districts will know the circumstances under which an exception will be considered, the specific information that must accompany each exception request and will be able to obtain this information before submitting exception requests to the Department. Social services districts will not be precluded from requiring additional information from personal care providers if they deem it necessary to justify an exception to the trend factor. (For a detailed explanation of the information that must accompany each exception request, see Attachment II)
- C. Exception requests containing standardized information will permit action by the Department and DOB within the mandated four-month processing time.
- D. A database of similar information will be available to the Department and DOB for comparing of exception requests among districts during the review and approval process.

IV. Required Action

The following will be required for the submittal of all personal care services rate exception requests:

- A. Social services districts must follow appropriate procedures required in 89 ADM-17, "Personal Care Services: Form for Rate Request and Justification," when submitting exception requests.
- B. Social services districts must obtain all information outlined in Attachment II for the specific circumstance under which a district is justifying a rate increase over the trend factor.
- C. Social services districts must submit information required to justify exception requests in the formats outlined in Attachment II.
- D. Social services districts must advise providers of the circumstances under which exceptions to the 1991 trend factor will be considered, the specific information that must accompany each request, and the format in which the information must be submitted.

V. Systems Implications

None

VII. Effective Date

This administrative directive is effective July 17, 1991, retroactive for rates years beginning July 1, 1990.

Jo-Ann A. Costantino
Deputy Commissioner
Division of Medical Assistance

EXCEPTIONS TO THE 1991 MANDATORY TREND FACTOR

Pursuant to Chapter 53 of the Laws of 1990, exceptions to the mandatory Personal Care Services trend factor are permitted for extraordinary circumstances. The request for an exception will be reviewed against the way increases in previous years have been allocated and must be accompanied by certain specific and quantifiable information. Districts must demonstrate that the 1990 rates increased by the trend factor are NOT sufficient to cover the cost of the proposal. Acceptable proposals are defined as those specified under Categories I, II, and III of the exception criteria set forth on pages 3 through 7 of this attachment. In addition, all requests for exceptions to the trend must address either: (a) inability to provide adequate personal care services; (b) diminution in the quality of service; or (c) other service delivery factors and include the following:

1. REPORT A: The provider agency(ies) must supply the social services district with a report on the aide turnover rate in the agency for the previous calendar year. This report must include a general description of the turnover situation in the agency. It should describe how the turnover rate on Medical Assistance (MA) cases differs from the turnover rate on other provider cases, the impact of other home care programs and rates on MA case turnover, and any other pertinent information.
2. REPORT B: The provider agency(ies) must supply the social services district information on the current wage scale for aides, including the number of aides at each level. The provider must also detail: all benefits currently offered to aides, including the type of benefit; the criteria which must be met to qualify for the benefit; the scope of the benefit; the cost to the aide, if any; the cost to the provider; and the number of aides currently receiving the benefit.
3. MONITORING PLAN: The social services district must submit, as a part of any exception request, an acceptable plan for monitoring the implementation and on-going progress of the proposal, including a schedule for reporting and a description of how the success of the proposal will be quantifiably measured.

For any exception requested under (b), diminution in the quality of service, criteria number four or number six, the social services district must submit corroborating evidence that a diminution in quality has occurred or that a diminution in quality will occur and that the diminution in quality is related to reimbursement. To do this, the social services district must

submit copies of any deficiency citations the provider agency has received from the State Department of Health in the past 12 months, along with the corrective action plan approved by the Department of Health (DOH) for each deficiency. If the Department of Health has not previously cited the provider agency, the social services district must submit evidence that failure to provide additional reimbursement has resulted or will result in a diminution in quality of services. This corroborating information may be data that has been collected as a result of the district's monitoring activities, audits, quality control visits, or other efforts undertaken to monitor the quality of service. The social services district must also include in the submittal an acceptable plan to monitor the implementation and progress of any exception granted, including an appropriate reporting schedule and a description of how the success of the proposal will be quantifiably measured.

Finally, any new rates or differentials requested must address an identified need or problem in the social services district directly related to (a), inability to provide adequate personal care services or (b), diminution in the quality of service.

I. INADEQUATE PERSONAL CARE SERVICES - CONDITIONS ONE AND THREE MUST BE MET

(a) District can demonstrate an inability to obtain adequate service to meet authorizations.

1. The social services district must be able to document that the demand for services exceeds the supply. To do this the district must maintain and submit, as part of its exception request, a two-part report covering at least the preceding calendar quarter. The first part of the report must include clients who have been unserved. The report must include the following: client ID number (CIN), date eligible for service, approximate hours/week services were needed, date referred to providers, date service initiated, and the reason service could not be initiated immediately. The second part of the report must deal with clients who are underserved; that is, clients who receive less service than is authorized. The report must contain all of the information listed above and the following additional information: the number of hours/week services were needed, the number of hours/week services were provided, the reason why the case is or was underserved (time, location, client characteristics, i.e. hard to serve client, geographically isolated, unsafe housing, etc.).

2. The social services district and the provider may demonstrate that the level of aides' wages and benefits in comparable counties or regions is adversely affecting the provider's ability to recruit and retain workers or that the level of aides' wages and benefits paid by other providers in the same county is adversely affecting the provider's ability to recruit and retain workers as well as fiscally manage the program's operation.

I. INADEQUATE PERSONAL CARE SERVICES - CONDITIONS ONE AND THREE MUST BE MET

(a) District can demonstrate an inability to obtain adequate service to meet authorizations.

3. The social services district and the provider must describe efforts which have been tried, are currently underway, or which the provider plans to implement in 1991 which are designed to maximize the efficient use of the available workforce. This plan must be approved by the social services district and the State Department of Social Services. It must identify: existing problems in the district and efforts tried, currently underway, or planned to resolve these problems; how the proposed exception will affect these problems; the total budget for the proposal; the cost as a component of the hourly rate; and how the success of the proposal will be quantifiably measured.

II. QUALITY OF SERVICE - MUST MEET ONE OR MORE CONDITIONS

(b) District can demonstrate that the failure to provide additional reimbursement for the service has or will adversely affect the quality of the service provided.

4. The social services district has, as a result of its monitoring activities, identified problems which affect the quality of services delivered. The district must submit a report indicating the following: the monitoring method used, staff responsible, the frequency of the monitoring activity, the problems identified, the causes of the problems, the affect these problems have on quality, the proposed solution, the impact the proposal is expected to have on the quality of services, a breaddown on the cost of the proposal, and a description of how the success of the proposal will be quantifiably measured.

5. The social services district and the provider have identified a problem or need that can be addressed by modifying or enhancing the provider's training program. This additional training will result in workers acquiring or improving special skills which go beyond the scope of required training. In addition to the request for an exception, the provider must submit a formal addendum to the provider training plan. The exception request and the addendum must be approved by both the social services district and the Department of Social Services and contain detailed information on the proposed training including: the training objective, how the training will address the problem or need identified, who will conduct the training, the type and number of staff targeted for training, the length of training session, the total cost breakdown, the cost of the proposal as a component of the rate, payment to aides, cost of materials, pay to instructors or other costs associated with the training. The proposal must also identify the source and the amount of any training grants or funds the provider agency has applied for or is receiving.

II. QUALITY OF SERVICE - MUST MEET ONE OR MORE CONDITIONS

(b) District can demonstrate that the failure to provide additional reimbursement for the service has or will adversely affect the quality of the service provided.

6. The social services district and the provider can demonstrate that a diminution in the quality of service has occurred due to insufficient nurse supervisor staff and that increasing the nurse to aide ratio will increase the quality of service. The district and provider must submit a report detailing the following information: the current nurse supervisor staffing, the number of orientation visits made, the frequency of nurse supervisor visits, other functions or tasks performed by nursing staff, the percent of time spent on each function or task, the expected impact of increasing nursing staff and the method which will be used to quantifiably measure the impact on quality.

7. The social services district is requiring providers to provide nursing supervision for the first time. A new and separate rate may be established for nursing supervision or it may be included as a component of the rate. The proposal must explain why the district has decided to make the change at this time. It must also detail the fiscal and programmatic effects this change is expected to have.

III. OTHER SERVICE DELIVERY FACTORS - MUST MEET ONE OR MORE CONDITIONS

(c) District can demonstrate that additional reimbursement is necessary to comply with other service delivery factors as specified in guidelines issued by the Department.

8. The social services district and the provider must list changes in management strategies which have been or will be undertaken as a result of this exception being approved, that will result in increased opportunities for full-time employment for home care workers. This may include proposals by providers to establish a corps of salaried aides. All proposals must be fully detailed and include a complete budget.

9. The social services district and the provider have identified innovative programs which had begun on a demonstration basis with the use of now discontinued grant monies. These programs have had a demonstrated positive impact on the quality of service, have proved to be cost effective, and now require additional reimbursement to implement in additional agencies or continue in existing agencies. The district and the provider must submit an evaluation of the project, and a plan fully detailing the project, including the incorporation of the program into the provider's ongoing operations. This plan must be approved by both the social services district and the Department of Social Services.

10. The social services district and the provider can document that additional reimbursement is necessary to pay aides during training. The proposal must include the following: the number of hours of training; the amount to be paid to aides; and the estimated cost, and method of payment, either during training or a lump sum when training is complete.

INSTRUCTIONS
REQUEST FOR AN EXCEPTION TO THE MANDATORY
TREND FACTOR FOR 1991 PERSONAL CARE RATES

1. Use the formats outlined in this Attachment to submit an exception request. Use the standard heading given in the formats for each report.
2. Each report must be typed, in legible print, or word processed on your own stationery.
3. Each report must be signed and dated by the preparer.
4. An exception request must be submitted separately for each provider requesting an exception to the 1991 mandatory trend factor.
5. Requests for new rates or differentials can only be submitted as an inadequate personal care services or diminution in the quality of service exception.
6. The cover sheet and Reports A and B must be completed for every exception request.
7. Special Instructions for Inadequate Personal Care Services Requests: Reports A and B, 1 and 3 must be completed, 2 is optional.
8. Special Instructions for Diminished Quality of Service Requests: Reports A and B must be completed, and one or more of Reports 4, 5, 6 or 7.

If Report 4 or 6 is submitted, the social services district must submit corroborating evidence that a diminution in quality of services has occurred or that a diminution in quality will occur and that the diminution is related to reimbursement. To do this, the district must submit copies of any deficiency citations the provider agency has received from the State Department of Health in the past 12 months, along with the corrective action plan approved by the Department of Health for each deficiency. If the Department of Health has not previously cited the provider, the district must submit evidence that failure to provide additional reimbursement has diminished or will result in a diminution in quality of services. This corroborating information may be data that has been collected as a result of the district's monitoring activities, audits, quality control visits, or other efforts undertaken to monitor the quality of service. The district must also include in the submittal an acceptable plan to monitor the implementation and progress of any exception granted, including an appropriate reporting schedule and a description of how the success of the proposal will be quantifiably measured.

9. Special Instructions for Special Service Delivery Factor Requests: Report A and B must be submitted and one or more of Reports 8, 9 or 10.
10. Budgets must clearly demonstrate that a trend factor increase is not sufficient to cover projected costs.

COVER SHEET
MANDATORY ALL CATEGORIES

District: _____

Provider: _____

Request for an Exception to the Mandatory Trend Factor
for 1991 Personal Care Rates-Continued

A request for an exception to the mandatory trend factor for 1991 personal care rates for the above named provider is being submitted for the exception category checked below.

All forms being submitted with this request have been checked below.

Place a check in the line in front of the category or categories for which this exception is being requested.

Also check each form submitted with this request.

The Exception is requested for the following:

(Please check one or more categories, and the reports submitted)

Category I Inadequate Personal Care Services _____

Complete the following forms

- A. Aide Turnover Rate Report ___ Mandatory Category I requests
- B. Aide Wage Scale Report ___ Mandatory Category I requests
- 1. Inadequate Services Client Report ___ Mandatory Category I requests
- 2. Inadequate Services Structure Report ___ Optional Category I requests
- 3. Inadequate Services Use Report ___ Mandatory Category I requests
(Part I and II)

CATEGORY II Diminished Quality of Service _____

Complete the following forms

- A. Aide Turnover Rate Report ___ Mandatory Category II requests
- B. Aide Wage Scale Report ___ Mandatory Category II requests

and one or more of the following category II forms

- 4. Diminished Quality of Service Correction Plan (Part I & II) _____
- 5. Diminished Quality of Service Training Enhancement Report
(Part I & II) _____
- 6. Diminished Quality of Service Nursing Supervision Ratio
(Part I & II) _____
- 7. Diminished Quality of Service Nursing Supervision Rate Code
(Part I & II) _____

Category III

Other Service Delivery Factors As Approved By
NYS Department of Social Services _____

Complete the following forms

- A. Aide Turnover Rate Report _____ Mandatory Category III requests
B. Aide Wage Scale Report _____ Mandatory Category III requests

and one or more of the following category III forms

8. Other Service Delivery Factors/Management Strategies Report
(Part I & II) _____
9. Other Service Delivery Factors/Innovative Program Report
(Part I & II) _____
10. Other Service Delivery Factors/Aide Training Leave Pay Report
(Part I & II) _____

REPORT A
MANDATORY ALL CATEGORIES

District: _____

Provider: _____

AIDE TURNOVER RATE REPORT

This report must reflect data gathered for the most recent calendar year on the provider's aide turnover rate.

This report must be completed by the provider for every exception request.

Provide a narrative for all of the following:

1. GENERAL TURNOVER SITUATION: (Provide as part of the narrative the total number of aides working for the provider, the total number of aides hired by the provider, and the total number of aides that left the provider during the most recent calendar year. Indicate calendar year.)

2. TURNOVER RATES ON MEDICAL ASSISTANCE (MA) CASES: (Provide as part of the narrative the percentage of aides that left the provider's employment in the most recent calendar year during or after working on an MA case; describe how the turnover rate on MA cases differs from the turnover rate on other provider cases.)

3. IMPACT OF OTHER HOME CARE PROGRAMS ON MA CASE TURNOVER: (Please describe)

4. IMPACT OF MA RATES ON AIDE TURNOVER: (Please describe)

5. OTHER PERTINENT DATA: (i.e. If known, provide the reasons that aides left the provider)

Signature of Preparer

Name and Title (please print)

Date

Report B
Mandatory All Categories

District: _____

Provider: _____

AIDE WAGE SCALE REPORT

This report must reflect data about aide wages and benefits provided by the provider during the most recent calendar year.

This report must be completed by the provider for every exception request.

CURRENT WAGE SCALE
(Provide as of the most recent pay period/specify date)
(Given in \$.25 intervals. If wage scale is not based on \$.25 intervals indicate interval used.)

NUMBER OF AIDES AT EACH LEVEL
(Provide as of the most recent pay period/specify date)

CRITERIA FOR WAGE INCREASE
(i.e. After 3 months aide gets \$1.00 raise)

AIDE BENEFITS (As provided during the most recent calendar year)

<u>Type of Benefit</u>	<u>Scope of Benefit</u>	<u>Criteria for Eligibility</u>	<u>Cost to Aide</u>	<u>Cost to Provider</u>	<u>Number of Aides Currently Receiving Benefits</u> (Provide as of most recent day period/specify date)
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Signature of Preparer

Name and Title (please print)

Date

REPORT #1
Mandatory for Category I

District: _____

Provider: _____

INADEQUATE PERSONAL CARE SERVICES CLIENT REPORT

The purpose of this report is to document that the demand for personal care services exceeds the supply of aides.

This report reflects data gathered during the period _____ to _____.
(Time period must include at least the preceding quarter.)

This report must be completed by the district.

Client Report - Part 1
Unserved Clients

<u>Client ID Number</u> <u>(CIN)</u>	<u>Date Eligible</u> <u>For Services</u>	<u>Approximate Hours/Weeks</u> <u>Services Were Needed</u>
<u>Date Referred</u> <u>To Provider</u>	<u>Date Service</u> <u>Initiated</u>	<u>Why Service Couldn't</u> <u>be Initiated</u>

Signature of Preparer

Name and Title (Please print)

Date

REPORT #1 (Cont.)
Mandatory for Category I

District: _____

Provider: _____

Client Report - Part II
Underserved Clients

<u>Client ID Number</u> <u>(CIN)</u>	<u>Date Eligible</u> <u>For Services</u>	<u>Approximate Hours/Weeks</u> <u>Services Needed</u>
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<u>Approximate Hours/Weeks</u> <u>Services Provided</u>	<u>Date Referred</u> <u>to Provider</u>	<u>Date Services</u> <u>Initiated</u>
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Reason Case Is or Was Underserved
(Time; Location; Client Characteristics,
i.e. Hard to serve client, geographically
isolated, unsafe housing, refusal
by providers to serve client)

Signature of Preparer

Name and Title (Please print)

Date

Report #2
Optional For Category I

District: _____

Provider: _____

INADEQUATE PERSONAL CARE SERVICES RATE STRUCTURE REPORT

The purpose of this report is to demonstrate that the level of aides' wages and benefits in comparable counties or regions or that level paid by other providers in the same county is adversely affecting the provider's ability to recruit and retain workers as well as fiscally manage the program's operation.

This report must be completed by either the provider or the district or both.

Provide information for items 1, 2, or both.

Aide Wages/Benefits Comparable Counties/Regions

1. Region/County Provider Total Rate* Aide Wage Level* Aide Benefits*
(Dollar Amount)

2. Aide Wage/Benefits Other Providers in the County

Provider Total Rate* Aide Wage Level* Aide Benefits*
(Dollar Amount)

3. Other Pertinent Information (Optional Narrative)

Signature of Preparer

Name and Title (please print)

Date

*Take from column C 1990 Rate Justification

REPORT #3
MANDATORY FOR CATEGORY I

District: _____

Provider: _____

INADEQUATE PERSONAL CARE SERVICES WORKFORCE USE REPORT

PART I

The purpose of this report is to describe plans designed to maximize the efficient use of the available aide workforce.

This report must be completed by the district and the provider.

Plans must be approved by the district and the State Department of Social Services before they can be submitted as part of an exception package request to the Division of the Budget.

Provide a narrative for all of the following:

1. Current Workforce Problems Existing in the District
2. Proposed Solutions (Describe what has been tried, what is currently underway, and what the provider plans to implement.)
3. Impact Exception Will Have on Problem
4. Total Budget for Proposed Solution(s)
5. Cost as a Component of the Hourly Rate (Describe method used to calculate cost)

Signature of Preparer

Name and Title (please print)

Date

REPORT #3 (cont)
MANDATORY FOR CATEGORY ONE

District: _____

Provider: _____

INADEQUATE PERSONAL CARE SERVICES WORKFORCE USE REPORT

PART II - Monitoring Plan

The purpose of this report is to describe the district's plans for monitoring the implementation and impact of projects undertaken to maximize the efficient use of the available aide workforce.

A monitoring plan must be submitted for each project undertaken.

This report must be completed by the district.

Provide a narrative for all of the following:

1. Monitoring Methods Used to Evaluate Success of Project
2. Frequency of Monitoring Activities (Include Schedule of Reporting, sample report forms)
3. Staff Responsible
4. Description of How the Success of the Project will be Quantifiably Measured(i.e. longevity increase, percent decrease in turnover rate, any other numeric measurement)

Signature of Preparer

Name and Title (please print)

Date

REPORT #4

District: _____

Provider: _____

DIMINISHED QUALITY OF SERVICE CORRECTION PLAN
PART I

The purpose of this report is to describe the problems identified as a result of district monitoring activities that impact adversely on the quality of services delivered, and proposed solutions to those problems.

See page 1 of Attachment II Special Instructions (#8)

This report must be completed by the district.

Provide an explanation of the following:

1. Monitoring Methods Used
2. Frequency of the Monitoring Activity
3. Staff Responsible
4. Problems Identified
5. Causes of the Problem(s)
6. Impact of Problems(s) on Quality of Service
7. Proposed Solution/Corrective Action Plan
8. Impact the Proposal is Expected to Have on Quality of Service
9. Cost of the Proposal
10. Cost of the Proposal As a Component of the Rate (Describe method used to calculate cost)

Signature of Preparer

Name and Title (please print)

Date

REPORT #4 (cont.)

District: _____

Provider: _____

DIMINISHED QUALITY OF SERVICE CORRECTION PLAN
PART II Monitoring Plan

The purpose of this report is to describe the district's plans for monitoring the implementation and impact of projects undertaken to address problems uncovered as a result of district monitoring activities.

A monitoring plan must be submitted for each project undertaken.

This report must be completed by the district.

Provide a narrative for all of the following:

1. Monitoring Methods Used to Evaluate Success of Project
2. Frequency of Monitoring Activities (Include schedule of reporting, sample report forms)
3. Staff Responsible
4. Description of How the Success of the Project will be Quantifiably Measured (i.e. Any numeric measure or other appropriate criteria)

Signature of Preparer

Name and Title (please print)

Date

Report #5

District: _____

Provider: _____

Diminished Quality of Services
Training Enhancement Report
Part I

The purpose of this report is to identify a problem or need that can be addressed by modifying or enhancing the provider's existing training plan.

This report should be completed by the district and provider.

Was a formal addendum to the agency training plan submitted to the appropriate regulatory authority (DOH, NYS DSS)?

___Yes ___No

Date _____

Has the addendum been approved by the appropriate regulatory authority (DOH, NYS DSS)?

___Yes ___No

Date _____

Has the addendum been approved by the social services district?

___Yes ___No

Date_____

The addendum to the agency training plan must be approved by the district and the State Department of Social Services before it can be submitted as part of an exception package to the Division of the Budget.

Provide a description of the following:

1. Current Situation
2. Training Proposal (Include training objectives)
3. Who Will Conduct Training
4. Type and Number of Staff Targeted
5. Length of Training Sessions
6. Cost of the Proposal (specifically address: payment to aides, cost of materials, instructor salaries, misc. cost associated with training)

Diminished Quality of Services
Training Enhancement Report
Part I (cont.)

7. Cost of the Proposal as a Component of Rate (Describe method used to calculate cost.)

8. Source and Amounts of Training Grants and Funds (Specifically explain if these will be used wholly or partially to underwrite this program and why the grant or funds are insufficient.)

Signature of Preparer

Name and Title (please print)

Date

Report #5 (cont.)

District: _____

Provider: _____

Diminished Quality of Services
Training Enhancement Report
Part II Monitoring Plan

The purpose of this report is to describe the district's plans for monitoring the implementation and impact of modifications or enhancements to the provider's existing training plan.

A monitoring plan must be submitted for each modification or enhancement proposed.

This report must be completed by the district.

Provide a narrative for the following:

1. Monitoring Methods Used to Evaluate Success of Change
2. Frequency of Monitoring Activities(Include schedule of reporting, sample report forms)
3. Staff Reponsible
4. Description of How the Success of the Project will be Quantifiably Measured (i.e. any numeric measurement)

Signature of Preparer

Name and Title (please print)

Date

Report #6

District: _____

Provider: _____

DIMINISHED QUALITY OF SERVICE
NURSING SUPERVISION RATIO
PART I

The purpose of this report is to demonstrate that a diminution in the quality of service has or will occur due to insufficient nurse supervisory staff.

This report must be completed by the district and the provider.

See Page 1 of Attachment II Special Instructions (#8)

Please provide the following information:

1. Current Nursing Supervision Ratio
2. The Number of Orientation Visits Made
3. The Frequency of Nurse Supervisor Visits
4. Other Functions or Tasks Performed by Nursing Staff
5. The Percentage of Time Spent on Each Function or Task
6. The Expected Impact of Increased Nursing Staff (Include proposed change in Nursing Supervision Ratio)
7. Total Budget for Proposed Increase
8. The Cost as a Component of the Rate (Describe formula used to compute)

Signature of Preparer

Name and Title (please print)

Date

Report #6 (cont.)

District: _____

Provider: _____

DIMINISHED QUALITY OF SERVICE
NURSING SUPERVISION RATIO
PART II Monitoring Plan

The purpose of this report is to describe the district's plans for monitoring the implementation and impact of increases in nurse supervisory staff.

This report must be completed by the district.

Please provide the following information:

1. Monitoring Methods Used to Evaluate Success of Change
2. Frequency of Monitoring Activities (Include Schedule of Reporting, sample report forms)
3. Staff Responsible
4. Description of how the Success of the Project will be Quantifiably Measured (Any numeric measure, ratio change, fewer complaints from clients and aides, etc.)

Signature of Preparer

Name and Title (please print)

Date

Report #7

District: _____

Provider: _____

DIMINISHED QUALITY OF SERVICE
NURSING SUPERVISION RATE CODE
Part I

The purpose of this report is to justify the addition for the first time of Nursing Supervision as a component of the rate or as a separate rate.

The report must be completed by the district and the provider.

Please provide the following information:

1. Proposed Change (New rate or component of rate)
2. Current Method of Providing Nursing Supervision
3. Reason for Proposed Change
4. Expected Programmatic Effects of the Proposed Change
5. Fiscal Impact of the Proposed Change
6. Cost of the Proposed Change as a Component of the Rate or as a Separate Rate (Describe Method Used to Calculate)

NOTE: Rates requested will be evaluated against similar rates in the same district and in comparable districts.

Signature of Preparer

Name and Title (please print)

Date

Report #7 (Cont.)

District: _____

Provider: _____

DIMINISHED QUALITY OF SERVICE
NURSING SUPERVISION RATE CODE
Part II Monitoring Plan

The purpose of this report is to describe plans for monitoring the implementation and impact of the addition of Nursing Supervision as a component of the rate or as a separate rate.

This report must be completed by the district.

Provide a narrative for the following:

1. Monitoring Methods Used to Evaluate Success of Change
2. Frequency of Monitoring Activities (Include schedule of reporting, sample report forms)
3. Staff Responsible
4. Description of How the Success of the Project will Quantifiably Measured (any numeric measure, fewer complaints, increased frequency of Nursing Supervisory visits, if part of the component-number of nurse supervision prior approvals)

Signature of Preparer

Name and Title (please print)

Date

Report #8

District: _____

Provider: _____

Other Services Delivery Factors
Management Strategies Report
Part I

The purpose of this report is to document changes in management strategies that have been or will be undertaken as a result of an exception being approved, and that will result in increased opportunities for full-time employment for home care workers (i.e. corps of salaried aides).

This report must be completed by the provider.

Provide a narrative for all of the following:

1. Strategy Change (Describe change including how it will result in increased opportunities for full-time employment of aides, and the proposed start-up date)

2. How Aides Will Qualify to Participate (i.e. type of training, seniority)

3. Number of Aides Targeted

4. Total Budget for the Proposed Change

5. Cost of the Change As a Component of the Rate (Describe method used to calculate cost)

Signature of Preparer

Name and Title (please print)

Date

Report #8 (Cont.)

District: _____

Provider: _____

Other Services Delivery Factors
Management Strategies Report
Part II - Monitoring Plan

The purpose of this report is to describe the district's plans for monitoring the implementation and impact of strategy changes undertaken to increase the opportunities for full-time employment for home care workers.

This report must be completed by the district.

Provide a narrative for the following:

1. Monitoring Methods Used to Evaluate Success of Change

2. Frequency of Monitoring Activities (Include schedule of reporting, sample report forms)

3. Staff Responsible

4. Description of How the Success of the Change will be Quantifiably Measured (i.e. any numeric measure)

Signature of Preparer

Name and Title (please print)

Date

Report #9

District: _____

Provider: _____

OTHER SERVICE DELIVERY FACTORS
INNOVATIVE PROGRAM REPORT
PART I

The purpose of this report is to identify and document successful and innovative programs which had begun on a demonstration basis with the use of now discontinued grant monies and now require additional reimbursement to implement.

This report must be completed by either the provider or the district or both.

This plan must be approved by both the district and the State Department of Social Services before it can be submitted as part of an exception request to the Division of the Budget.

A separate report must be completed for each plan submitted.

Provide a narrative for all of the following:

1. Program Description (Include the source of the demonstration funds, why they were discontinued, and the date discontinued.)
2. Program Evaluation (Include impact on quality of service, documentation of cost-effectiveness; lower turnover rates, increased aide longevity etc.)
3. Program Implementation Plan (Include a detailed explanation of how the program will be incorporated in a provider's ongoing operations.)
4. Total Cost of Proposed Plan
5. Cost of the Plan as a Component of the Rate (Describe method used to calculate cost.)

Signature of Preparer

Name and Title (please print)

Date

Report #9 (Cont.)

District: _____

Provider: _____

OTHER SERVICE DELIVERY FACTORS
INNOVATIVE PROGRAM REPORT
PART II Monitoring Plan

The purpose of this report is to describe the district's plans for monitoring the implementation and impact of innovative programs being continued because they have proved to be cost effective and have had a demonstrated positive impact on the quality of service.

This report must be completed by the district.

Provide a narrative for the following:

1. Monitoring Methods Used to Evaluate Success of Program

2. Frequency of Monitoring Activities (Include schedule of reporting, sample forms)

3. Staff Responsible

4. Description of How the Success of the Change will be Quantifiably Measured (any numeric measure)

Signature of Preparer

Name and Title (please print)

Date

REPORT #10

District: _____

Provider: _____

OTHER SERVICE DELIVERY FACTORS
TRAINING LEAVE PAY REPORT
PART I

The purpose of this report is to document that additional reimbursement is necessary in order to pay aides during training.

This report must be completed by either the provider or the district or both.

Provide a narrative for all of the following:

1. Current Situation (Describe why the provision of training pay is necessary)
2. Proposed Change (Indicate start-up date and the criteria for receiving training pay)
3. Amount Aides will be Paid
4. Method of Payment (During training or as a lump sum when training is complete)
5. Number of Hours of Training
6. Total Cost of Proposed Change
7. Cost of the Changes as a component of the Rate (Describe method used to calculate cost)
8. Other Pertinent Information (Optional)

Signature of Preparer

Name and Title (please print)

Date

REPORT #10 (Cont.)

District: _____

Provider: _____

OTHER SERVICE DELIVERY FACTORS
TRAINING LEAVE PAY REPORT
PART II Monitoring Plan

The purpose of this report is to describe the district's plans for monitoring the implementation and impact of the provision of training pay to aides.

This report must be completed by the district.

Provide a narrative for all of the following:

1. Monitoring Methods Used to Evaluate Success of Change

2. Frequency of Monitoring Activities (Include schedule of reporting, sample report forms)

3. Staff Responsible

4. Description of How the Success of the Change Will be Quantifiably Measured (any numeric measure, improved aide recruitment and retention, fewer complaints, improved attendance for training, improved training evaluation, etc.)

Signature of Preparer

Name and Title (please print)

Date