ADMINISTRATIVE DIRECTIVE

TRANSMITTAL: 92 ADM-4

DIVISION: Medical Assistance

TO: Commissioners of Social Services

DATE: January 31, 1992

SUBJECT: Personal Care Services: Development and Implementation of Shared Aide Programs

SUGGESTED DISTRIBUTION:
- Medical Assistance Staff
- Adult Services Staff
- Long Term Care/CASA Coordinators
- Staff Development Coordinators
- County Attorneys
- Fair Hearing Staff

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ATTACHMENTS: See Attachment 1 for listing of Appendices

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
		505.14(a) 505.14(k)	365-a.2.(e)		92 LCM-10 91 LCM-37

I. PURPOSE

The purpose of this administrative directive is to explain requirements for shared aide programs found in Sections 505.14(a) and (k) of the Department's regulations for personal care services. Section 505.14(a)(7) defines shared aide. Section 505.14(k) addresses development and implementation of shared aide programs.

II. BACKGROUND

In recent years, many social services districts and provider agencies under contract with districts have reported increasing shortages of home care workers. These shortages have placed additional stress on a home care delivery system already strained by rising caseloads, significant changes in the characteristics of the population served, and escalating costs. Clients may not receive needed services because home care workers are unavailable. Other clients may receive only a portion of the services authorized.

The Monroe County Department of Social Services was the first social services district in the state to develop a shared aide program. Since 1982, seventeen additional social services districts have voluntarily developed programs. Several other districts have programs in preliminary stages. Cluster care, cooperative care, or team care are other terms for this type of program.

Use of a shared aide model has proven to be an efficient and cost effective method for provision of personal care services. State legislation enacted in 1991, Chapter 165 of the Laws of 1991, requires the assessment process for home care services, including personal care services, to consider whether client needs can more cost-effectively be maintained through the use of shared aide models.

III. PROGRAM IMPLICATIONS

Districts operating shared aide programs have consistently reported elimination of waiting lists, diminution of services breakdowns, improvements in continuity of services to clients, and reduction of worker turnover and absenteeism. The empirical data available from selected districts has historically reflected hourly savings ranging from twenty to thirty-five percent.

IV. REQUIRED ACTION

Social services districts must develop and implement a shared aide program for provision of personal care services to clients. Under certain conditions, an exemption to this requirement may be requested by districts and granted by the Department. Districts must submit written

plans for implementing shared aide programs or written requests for exemptions to the Department for approval. Districts operating approved shared aide programs must also submit periodic reports to the Department; districts granted exemptions must submit annual requests for reapproval of exemptions.

Recommendations and guidelines for development of a shared aide program are discussed in section IV.B.1.-7. of this directive. Recommendations are based upon the experiences of districts currently operating shared aide programs and permit flexibility in development of programs by districts. Requirements for submittal and approval of written plans and periodic reports are explained in sections IV.C.-D. Exemption standards, requirements for submittal, approval, and reapproval of written exemption requests are outlined in sections IV.E.-F.

A. Definition of Shared Aide

Shared aide means a method of providing personal care services under which a social services district authorizes one or more nutritional and environmental support functions, personal care functions, or health-related tasks for each personal care services client who resides with other personal care services clients in a designated geographic area (i.e., in proximity to each other), such as in the same apartment building, and a home care worker completes the authorized functions or health-related tasks by making short visits to each client. A home care worker may make multiple visits to one client during the day; a worker may also perform functions and tasks for multiple clients simultaneously such as shopping or doing laundry.

Under a shared aide model, services delivery is task oriented, not time oriented. The client receives personal care services according to assessed needs, but the home care worker does not remain in the client's home for a predetermined block of time to deliver the functions and tasks in the client's plan of care.

B. Development and Implementation of a Shared Aide Program

1. Need for Collaboration and Investment of Time

The development and implementation of a shared aide program requires close collaboration and a significant investment of time among, and by, the case manager, the agency responsible for nursing supervision, and the provider agency or agencies participating in the program. During the development stage, time will be needed to:

a. identify potential sites and client groups; and

b. enlist cooperation of provider agencies, housing authorities, government and community officials, and client advocates; and

c. educate clients.

Depending on the size of the program, training may also be needed for case managers and support staff employed by the social services district and for staff in the participating provider agency or agencies.

Once a shared aide program has been implemented, the case manager and the supervising nurse may have to make frequent visits to each site for an initial period of time. Frequent visits may be necessary at first to assure that the schedule for delivering all the tasks needed by the clients in the program is working smoothly and is adequate to meet each client's needs. Frequent meetings and telephone contacts among the case manager, the nurse supervisor, and provider agency staff may be necessary to address problems and monitor progress at each site, especially during early implementation. The addition of new clients to an existing shared aide program may also indicate need for more frequent on site visits by the case manager and the supervising nurse.

2. Identification of Shared Aide Sites

Potential sites for development of shared aide programs include high-rise public housing complexes and single or multi-level senior housing developments with contiguous or free-standing units. If high-rise or multi-level sites are very large, possibilities may exist for grouping or clustering of clients by floor.

Neighborhoods adjacent to housing complexes or developments or other geographical areas may also be potential sites. Regional clusters cutting across county lines offer relatively unexplored alternatives which may be feasible in some parts of the state. There are no limitations on the types of sites which may be selected; consideration can be given to other settings where clusters of clients can be identified. Site selection should involve the social services district, the agency providing nursing supervision, and the provider agency or agencies participating in the program.

Shared aide programs have frequently begun modestly, with a single site or limited days of the week when services are available. As experience has been developed, and clients have become more familiar and comfortable with the shared aide concept, additional sites have been phased into the program or availability of services expanded at a particular site.

Some districts have found it helpful to develop a schedule for implementing each site included in a shared aide program. The schedule is constructed to show all the activities which must be performed before shared aide services can begin, the parties responsible for performing the activities, and the time frames for completion of each activity. Where feasible, development of such an implementation schedule is recommended.

Districts have flexibility to implement initial shared aide plans at single or multiple sites. However, each district must have a district-wide, long range plan for identifying potential client groupings within the total personal care services caseload and for implementing shared aide services delivery to all groupings or clusters identified. With exception of those districts that have already fully implemented a district-wide shared aide program, each district's long range plan should include implementation of at least a first, or one new shared aide site by June 30, 1992.

3. Identification of Client Groups/Clusters

Potential groups or clusters of clients can be identified before or after identification of potential sites. If caseload clustering information is not already available, manual or electronic mapping will need to be performed to determine whether groups of clients exist and to ascertain their potential size and geographical location.

There are no minimum requirements for size of a shared aide group or cluster. Shared aide programs have begun with as few as two or three clients and as many as forty clients in a single group. In some of the smaller shared aide programs, the inclusion of clients receiving home care services under varying reimbursement sources has made development of a cluster feasible. For example: programs have included clients receiving personal care services under Medical Assistance (MA), home health aide services under Medicare, and homemaker services under the Expanded In Home Services for the Elderly Program (EISEP). Shared aide programs can also be effectively combined with personal emergency response services (PERS) to further improve efficiency of services delivery and can be implemented in Long Term Home Health Care Programs (LTHHCPs) and for certain services provided by certified home health agencies (CHHAs).

Shared aide programs can be designed to accommodate a range of client characteristics and needs. Clients requiring Level I personal care services have been successfully grouped with clients needing Level II services. Clients who have been receiving varying amounts of services under the non-shared aide services delivery model, including clients requiring one or two hours of services weekly and clients receiving continuous 24-hour care, have also been successfully grouped. Clients who are non-self-directing, but who have informal supports, may or may not be appropriate candidates for inclusion in a shared aide program depending on the tasks which the home care worker would be expected to perform for these clients and the self-directing capability of others in the group.

Most shared aide programs have been started among clients already receiving personal care services. New clients are then integrated as they are determined to be eligible for services.

Social services districts will need to decide whether to include all clients receiving personal care services at a particular site in the shared aide program. The agency responsible for nursing supervision and the provider agency involved in delivery of services at that site should collaborate in this decision. Client characteristics may make the inclusion of all individuals difficult. However, the potential effect of having two different services delivery models available at the same location may create problems for the clients and workers involved, particularly those attempting adjustment to the shared aide model.

Shared aide programs can be limited to weekdays, made available on weekdays and weekends between selected hours, or operated twenty-four hours a day, seven days a week. Programs can be operated at different times at different sites, depending on the characteristics of the clients and the range of tasks needed.

4. Client Education/Outreach

Clients accustomed to receiving personal care services in blocks of time may have difficulty accepting or adjusting to a shared aide services delivery model. Clients may perceive that services are being reduced. They may fear loss of home care workers with whom they are familiar and have long-term relationships. They may view services as being less "personable" because down time interludes often connected with services delivery under a non-shared aide model are absent.

As indicated in section IV.B.1. of this directive, time must be invested to educate clients about a shared aide program. A variety of written materials have been used for this purpose including specially designed letters and brochures. Staff from the social services district, the agency providing nursing supervision, and the provider agency or agencies participating in the program have conducted resident meetings at identified sites to explain the program and respond to concerns. Case managers have also made multiple visits to each client's home, frequently in cooperation with staff from the provider agency which will be participating in the program and the supervising nurse, if from a different agency, to discuss the program and address client apprehensions.

Written client materials, presentations, and individual client conferences have often emphasized several of the program benefits mentioned in section III. of this directive. Other client benefits include the ability of the shared aide program to more quickly respond to emergencies and temporary changes in the client's needs, the ability of the program to get

services more rapidly in place for a client being discharged from the hospital, and the capability to provide increased safety monitoring for a client who needs "checking on" at various times throughout the day or evening.

Written client materials, presentations, and individual client conferences about a shared aide program should not mention hours of services. This is especially important in a transitional situation where clients have been receiving services under a non-shared aide services delivery model and will be transitioned to a shared aide model. Client resistance has not been a significant barrier to implementation of shared aide programs, particularly if sites have been carefully chosen and sufficient time has been allotted during the development stage for the educational efforts needed.

5. Selection of Provider Agencies

The development of shared aide programs offers benefits to provider agencies delivering personal care services under contracts with social services districts. The reduction in home care worker turnover and absenteeism is probably the most significant benefit. If agencies are also performing nursing supervision, multiple clients and workers can be seen during a single visit to a shared aide site.

In districts having more than one contract agency, choices may have to be made about the particular provider agency or agencies which will initially participate in the program. Various criteria have been used to make these choices. Criteria have included the following:

a. The agency's record of performance in providing personal care services under a non-shared aide model;

b. The agency's experience delivering services under a shared aide model in another social services district;

c. The size of the agency's personal care services caseload and the percentage of cases the agency has at the projected shared aide site;

d. The agency's motivation to improve the job satisfaction of its home care workers;

e. The agency's attitude or philosophy concerning the promotion of the client's independence; and

f. The agency's willingness to invest the time needed to develop and implement a shared aide program.

Selection decisions may also need to consider any pertinent local rules and the implications for future expansion of the shared aide program.

In the existing shared aide programs, the most common practice has been the use of one provider agency per site. However, if a site is very large, involvement of more than one agency may be appropriate. When multiple provider agencies have been delivering personal care services at a single site and the decision has been made to have a single agency used at that site for provision of shared aide services, districts must comply with their contract provisions governing transfers of cases, including any requirements for prior notification.

Many provider agencies participating in shared aide programs designate one or more staff persons to act as shared aide site coordinators. These staff persons are often stationed at the actual shared aide sites to facilitate communication with home care workers and scheduling adjustments. Site coordinators may or may not have responsibilities exclusively associated with the shared aide program.

Provider agency objection to participation in shared aide programs or to exclusion from programs in lieu of another agency or agencies has not been a major problem. Open communication and ongoing dialogue with all agencies from the outset and the possibilility of future participation as programs expand seem to be key factors in obtaining cooperation.

6. Selection of Home Care Workers

Home care workers chosen to deliver services under a shared aide model must meet the minimum health and training requirements for all workers providing personal care services. In addition, a history of good work habits and job performance, the ability to adapt to a changing work schedule, and interest in working as part of a team are important qualities for workers in a shared aide model to have.

To workers seeking full-time employment, participation in a shared aide model may present an attractive opportunity. Other advantages which this model can offer workers include: permanency of an assignment at one location; reduced travel problems; increased support from supervisors and peers; growth in personal time management and decision making skills; and variety in assignments, including breaks from clients who may be difficult to serve because of personality traits or behavioral actions. Some agencies involved in shared aide programs have created a potential career ladder for workers by offering financial incentives or additional non-monetary benefits to workers participating in the programs.

Selection of home care workers has most frequently been performed by the employing agencies. In some of the smaller shared aide programs, selection of the workers has also

involved staff from the social services district and the agency providing nursing supervision, if a different agency.

The staffing ratios between home care workers and clients have varied across shared aide programs and sites within a particular program. Variations will occur because of differences in the characteristics of the clients, the days and hours of services availability, and the use of full-time and/or part-time home care workers. In most of the existing shared aide programs, the ratios have changed over time as experience has been gained in scheduling tasks and needs of clients in the individual clusters have changed.

Home care workers selected for delivery of shared aide services will need to be oriented before services begin. Orientation should include a discussion of the worker's role and responsibilities under a shared aide model and the roles and responsibilities of the other parties involved, particularly the case manager and supervising nurse. Workers must understand the structure, content, and use of the composite work schedule for performance of needed tasks to clients in each worker's assigned group or cluster.

Arrangements for back-up staff must be in place to handle scheduling disruptions due to temporary illness of regular workers or some other unexpected problem. Back-up workers must be familiar with the shared aide concept.

In shared aide programs where the scheduling is done in the provider agency's office, a lead home care worker is sometimes used at each site. The lead home care worker acts as a liaison between the other home care workers at the site and the office staff. Workers report problems to the lead worker who in turn communicates the information to the office staff. The lead worker can then distribute scheduling changes as delegated to the other home care workers. To facilitate communication with the office, the lead worker may carry a beeper. When not performing administrative activities, the lead worker delivers shared aide services to clients at the site.

7. Determination of Social Services District Administrative Structure

The development and implementation of a shared aide program may or may not require changes in a district's organizational structure for administering the personal care services program. Factors to consider include, but are not limited to, the magnitude of the program which will be developed, the size of each case manager's caseload, the kinds of activities which will be necessary to develop and implement the program, and the time frames for performance of these activities.

Most districts operating shared aide programs have not found it necessary to employ new staff. Some districts have

redistributed responsibilities among staff and given existing case managers sole responsibility for caseloads in the shared aide program. A frequent pattern has been the assignment of responsibility for a particular shared aide site to one or more case managers. Other districts, usually larger ones, have designated one person to be responsible for coordination and overall administration of the program. Development of flow charts or written guidelines identifying responsibilities of the case manager, the supervising nurse, the provider agency site coordinator or liaison, and any other individuals involved, has been helpful in designing organizational structures and achieving smooth operation.

8. Reimbursement

As indicated in 92 LCM-10, a Cost-Related Rate Methodology for the provision of personal care services will shortly be implemented by the Department. Under this methodology, the following procedures will apply:

a. Provider agencies currently operating shared aide programs in districts with approved shared aide plans will include the costs associated with their shared aide programs in their yearly cost reports.

b. Provider agencies intending to develop and operate a shared aide program will be sent a Personal Care Cost Report with instructions for reporting their budgeted operating expenses for the program.

c. Based on the information submitted by each provider agency, the Department will promulgate rates. Social services districts will be notified of the rates for inclusion in their contracts with provider agencies.

No shared aide rates will be promulgated by the Department without submittal and approval of the required shared aide plan as described in section IV.C. of this directive.

9. Processes and Procedures for Authorization of Services Under a Shared Aide Model

In general, the processes and procedures for authorization of personal care services under a shared aide model are the same as those under a non-shared aide services delivery model. A physician's order must be obtained, social and nursing assessments completed, written (fair hearing) notices sent, and authorizations prepared. The differences under a shared aide model relate to the following areas: completion of the prior approval request; content of the written notices; and development of composite client care plans and home care worker schedules. Each of these areas is briefly discussed below.

a. Completion of the Prior Approval Request (DSS-2832-H) or Equivalent)

For authorization and payment, MMIS will only recognize a prior approval for personal care services based on an hour or a fractional hour as the unit of services. Therefore, although clients receive services on a task oriented basis under a shared aide model, the prior approval request (DSS-2832-H or equivalent) must reflect hours.

Several districts have written specifications for converting tasks into an equivalent amount of hours. However, most districts currently operating shared aide programs estimate an amount of hours which will be needed to perform the tasks included in each client's plan of care. The estimated amount is often greater than the actual amount of time which might be needed to perform a particular task and therefore includes some hours which can be "banked" or used to make temporary adjustments in the composite plan of care. Sometimes the amount may include a block of hours for tasks such as shopping and laundry performed for multiple clients with the hours divided equally among all the clients or allocated to a single client for one week and the other client or clients involved the following week or weeks.

New personal care services rate codes, specifically designed for use in shared aide programs, have been added to the MMIS Data Element Dictionary and transmitted to social services districts by 91 LCM-37. These rate codes enable prior approval and billing for services delivered under a shared aide model in hourly or quarter hour units.

The availability of hourly and quarter hour rate codes means that the prior approval request can be completed using the appropriate combination of the hourly and quarter hour rate codes or the relevant quarter hour rate code only. For example: A client is authorized to receive twenty-four and one half hours of services per week for one month under a shared aide model. The prior approval request could be completed with a combination of the hourly and quarter hour rate codes or with the appropriate quarter hour rate code only. Under the first option, the quantity approved column on the prior approval request would show twenty four for the hourly rate code and two for the quarter hour rate code. Under the second option, the quantity approved column would indicate ninety-eight for the quarter hour rate code only.

Quarter hour rate codes should be used whenever possible. Use of these rate codes permits billing to

more accurately reflect the actual amount of services rendered and reduces "rounding up." However, depending on the amount of services authorized and the duration of the authorization period, some authorizations cannot be accommodated in quarter hour units on the existing prior approval request due to systems constraints (i.e., insufficient number of fields). In such instances, a combination of the hourly and quarter hour rate codes should be used.

The total hours authorized for each client in a shared aide program must conform with the authorization standards specified in section 505.14(a) of the Department's regulations for personal care services and cannot exceed those standards except under the conditions identified in that section. Districts should have a protocol for regularly reviewing the hours authorized and administratively adjusting the authorization to closely approximate the hours needed to actually service the client.

For billing purposes, home care workers must continue to keep a record of the time actually spent in providing personal care services to each client in the shared aide program. Existing time cards or logs can be used or the cards or logs can be modified to accommodate daily, multiple visits.

b. Content of Written (Fair Hearing) Notices

APPENDICES G-J are standard Department notices designed for use in a shared aide program. These notices must be used in all existing and new shared aide programs as follows:

(1) APPENDIX G (DSS-4271): to approve or deny the provision of personal care services to new clients under a shared aide program;

(2) APPENDIX H (DSS-4272): to inform clients receiving personal care services of a change in the provision of personal care services from a non-shared aide program to a shared aide program.

Transition from a non-shared aide services delivery model to a shared aide model may lead to fair hearing requests by some clients about the method in which services will be provided. If requests occur, and the request was made before the effective date of the change, aid continuing must be provided. This means that personal care services must be delivered under the non-shared aide method of services delivery, with the home care worker

remaining in the client's home for a block of time, until the fair hearing decision is issued. This also means that sites may have to have the capability to deliver services under both a shared aide and a non-shared aide services delivery model.

To reduce disruptions in implementation of a particular shared aide site or in expansion of the shared aide program to other sites due to fair hearing requests, time must be invested to educate clients and address concerns early in the development stage of the program. Additionally, change notices should be sent sufficiently in advance of site implementation, but in no event less than ten days before shared aide services are to begin in a particular site or sites, to have some indication of potential fair hearing problems before actual implementation.

Some social services districts have found it helpful to transfer clients receiving personal care services under a non-shared aide services delivery method, and who will be receiving shared aide services in the future, to the provider agency that will be delivering the shared aide services, before services actually commence under the shared aide program. Client transfer before implementation of the program provides an opportunity for development of rapport between clients and home care workers without simultaneously changing the method of services delivery. Transfer before implementation may also facilitate the provision of aid continuing if there are subsequent fair hearing requests from clients and parallel services delivery systems are required.

A change in the agency providing services is not an action entitling clients to aid continuing.

(3) APPENDIX I (DSS-4273): to discontinue the provision of personal care services under a shared aide program. If a client continues to be programatically eligible for personal care services and is transferred back to the non-shared aide program, the client must be sent the Department's standard notice authorizing the provision of personal care services in addition to the discontinuance notice for shared aide. The two notices should be sent to the client at the same time so the client is aware of the total action being taken.

(4) APPENDIX J (DSS-4274): to continue (reapprove), increase, or decrease the provision of personal care services to all clients under a shared aide program.

A supply of the standard fair hearing notices has been sent to all social services districts under separate cover.

c. Development of Composite Client Care Plans and Home Care Worker Schedules

Each individual client care plan must be incorporated into a composite client care plan identifying the tasks and frequency of assistance needed by all clients in the cluster or group. In a shared aide program, the client's need for assistance with tasks which must be performed at specific times and the client's preferences for scheduling or timing of the discretionary tasks in the individual plan of care become very important in developing the composite care plan and a viable worker schedule for performance of the tasks in that plan.

Potential scheduling of discretionary tasks should be discussed with the client at the time the individual care plan is developed. When developing the schedule for the home care workers, time dependent tasks with which assistance is needed should be scheduled first. For example: assistance with administration of an oral medication every four hours. Discretionary tasks may then be added to the overall schedule according to client preference. Linking of tasks which "go together", such as bathing and grooming, is desirable in scheduling but may not always be possible.

Scheduling adjustments may be necessary initially to resolve time conflicts between clients for perfomance of discretionary tasks. Ongoing scheduling may require more frequent adjustments because of scheduling breakdowns when a client requires performance of a single task on a weekly basis or because of client movement in and out of the shared aide cluster or changes in client needs. For example: a client may drop out of the cluster temporarily because of a hospitalization, thereby changing the size of the cluster and the task distribution within a particular day. Depending on the circumstances, various approaches can be taken. If a client in the cluster is hospitalized, home care workers might be assigned to perform additional one-time tasks such as defrosting the refrigerator or cleaning the stove for remaining clients in the cluster. Or, the existing schedule for the remaining clients might be accelerated in anticipation of the hospitalized client needing additional assistance upon discharge. If a client becomes ill and requires more assistance while in the shared aide program, priority will need to be given to that client and discretionary tasks needed by other clients in the program rescheduled. Some districts establish a maximum number of days after which the total

hours assigned to the composite care plan is formally readjusted through the completion of revised prior approval requests.

Development of composite care plans and worker schedules is frequently the responsibility of the participating provider agency or agencies. However, in some shared aide programs, the case manager is involved in this activity. When first beginning a program, weekly meetings involving the case manager, nurse supervisor, provider agency site coordinator or liaison, and the home care workers may be beneficial for reviewing the individual client care plans and making adjustments in the scheduling of tasks as needed. As experience is gained, frequency of meetings can often be reduced.

10. Monitoring

Social services districts must develop policies and procedures for monitoring outcomes of services delivery under a shared aide model. Outcomes which must be monitored include the following:

a. client satisfaction with the shared aide program; and

b. home care worker satisfaction with the shared aide program; and

c. home care worker turnover/stability of employment; and

d. hours of services actually provided against hours of services authorized; and

e. costs of providing services to clients (excluding social services districts' administrative costs) and any savings generated.

Districts may determine the methods which will be used to monitor these outcomes and have discretion to monitor on a sample basis, for example: at selected sites only, or with a sub-sample of clients or workers across all sites. Districts may also determine the frequencies with which the monitoring will be performed for each outcome. Frequencies might be greater when the shared aide program is begun and diminished after the program is established for a period of time. Monitoring policies and procedures should be developed with the provider agency or agencies participating in the shared aide program, especially the policies and procedures for assessing home care worker satisfaction and job turnover.

Department generated reports, including Quarterly MMIS Prior Approval Reports for upstate districts, are resources for use in monitoring the provision of services actually provided

under a shared aide program against the hours of services authorized. Because discrete shared aide rate codes now exist, it will be possible to isolate utilization and cost data for services provided under shared aide programs. The role of the Department in producing shared aide reports for districts is discussed in section IV.D. of this directive.

C. Requirements for Submittal and Approval of Shared Aide Plans

1. Delegation of Responsibility for Development and Implementation of Shared Aide Programs

A social services district may delegate the responsibility for development and implementation of a shared aide program to another agency or entity. Another agency or entity may be a Community Alternative Systems Agency (CASA), a Department of Long Term Care, a licensed home care agency, a certified home health agency, a centralized assessment agency, or some other type of agency or entity with case management capability.

Delegation of responsibility for development and implementation of a shared aide program must be approved by the Department. Delegation arrangements should be identified on the standard shared aide plan form found in APPENDIX A. Districts will be notified of approval on the standard shared aide plan approval/disapproval notice found in APPENDIX B.

There must be a written agreement or contract between the district and the agency which will be responsible for implementing the shared aide program. The agreement or contract must specify the responsibilities of each party and should be signed and dated by both parties. MA funds cannot be used for start-up and development costs but can be used for actual implementation of services under a shared aide model.

If a social services district has an existing written agreement or contract for other purposes with an agency or entity which will be delegated responsibility for development and implementation of a shared aide program, the existing agreement or contract should be amended to incorporate responsibilities under the shared aide program. In other types of situations, a memorandum of understanding might be appropriate.

2. Submittal of Shared Aide Plans to the Department

Districts intending to develop and implement a shared aide program for the provision of personal care services must submit a plan to the Department for approval. The plan must be district-wide and include information on number of shared aide sites, implementation dates, staffing, selection of clients and provider agencies, differences between the non-shared aide services delivery model and the shared aide model, and monitoring and evaluation of the program. The plan

must be prepared on a standard form required by the Department and submitted within sixty business days after the issuance of this directive. The required form is found in APPENDIX A.

Most districts currently involved in the delivery of shared aide services have previously submitted a shared aide plan to the Department for review and approval. Such districts should complete only the following portions of the shared aide plan found in APPENDIX A:

a. Composite Plan (Part A); Section I., Identifying Information, and Section II.B., Implementation Plan; and

b. A Site Profile (Part B) for each existing shared aide site not included in the district's approved shared aide plan and for each projected site expected to be operational by June 30, 1992.

If a social services district is currently involved in the delivery of shared aide services but has not previously submitted a shared aide plan to the Department for approval, the district must complete and submit an APPENDIX A in entirety.

3. Approval of Shared Aide Plans by the Department

Initial shared aide plans will be reviewed by Division of Medical Assistance program staff. When necessary for approval decisions, Department budget and legal staff may be consulted. Plans will be reviewed against standard criteria including, but not limited to, specificity, clarity, and comprehensiveness.

Social services districts will be notified in writing of initial plan approval/disapproval. Notification will be transmitted by the Department within forty-five business days of plan receipt on a standard form developed by the Department. The standard approval/disapproval notice is presented in APPENDIX B.

Initial shared aide plans disapproved by the Department must be amended to address identified deficiencies and resubmitted to the Department for further consideration of approval. The amended plan must be submitted within thirty business days after the social services district receives the Department's written disapproval notification. The Department will notify the district of approval or disapproval within forty five business days after receipt of the amended plan. The standard approval/disapproval notice will continue to be used to inform districts of decisions about amended plans.

D. Requirements for Records and Reports

All districts implementing shared aide programs, including those currently operating programs, will be expected to maintain program records and to submit reports to the Department based on those records. Reports must be prepared in standard formats required by the Department.

With exception of those districts which have already reached full, district-wide implementation of their shared aide programs, all districts will initially be required to complete quarterly shared aide reports. The standard reporting instrument is found in APPENDIX C. Reports must be completed and submitted for the periods January-March, April-June, July-September, and October-December of each calendar year. Reports will be due thirty business days after the close of the reporting period and may be submitted manually or electronically.

Districts which have already reached full, district-wide implementation of their shared aide programs will be expected to provide updated information about their programs on a yearly basis, as part of their Annual Plan for Delivery of Personal Care Services. As each additional district achieves full implementation of its shared aide program, quarterly reporting by that district will be discontinued and replaced by updates through the Annual Plan.

The Department will periodically produce various types of shared aide reports which will be transmitted to social services districts. Reports may be compiled from information in the quarterly reports submitted by districts or from data extracted from existing Department generated reports such as the Quarterly MMIS Prior Approval Reports and Claim Detail Reports. Reports may be informational or may provide specific data useful to districts for management and monitoring of existing shared aide programs or for development and implementation of new programs. Districts are encouraged to confer with the agencies collaborating in their shared aide programs to identify the types of information which would be helpful to receive through these reports and for frequency of report generation.

E. Exemption from Development and Implementation of a Shared Aide Program

A social services district may request an exemption from development and implementation of a shared aide program. In its exemption request, the district must document to the Department's satisfaction that its existing method of delivering personal care services adequately meets, and can continue to meet, clients' personal care services needs and that a sufficient supply of home care workers is available, and is reasonably expected to continue to be available, to provide personal care services to clients. The district must also document to the Department's satisfaction that at least one of the following criteria exists:

1. The number of personal care services clients is either too few to support a shared aide program or so geographically dispersed that the district cannot identify a group of clients for which a shared aide program would be appropriate; or

2. The annual costs of delivering personal care services under a shared aide model would be equal to, or greater than, the annual costs of delivering personal care services under the district's existing method; or

3. The district has another cost-effective method to improve the efficiency of the delivery of personal care services.

APPENDIX D lists the exemption criteria and the documentation which must be submitted by a social services district to support an exemption request under each of these criteria.

F. Requirements for Submittal, Approval, and Reapproval of Exemption Requests

A district seeking an exemption from development and implementation of a shared aide program must submit a formal request to the Department for approval. The exemption request must be prepared on a standard form required by the Department and submitted within sixty business days after the issuance of this directive. The standard form is found in APPENDIX E.

Exemption requests will be reviewed by Division of Medical Assistance program staff with consultation from Department budget and legal staff when necessary. Written notification of approval/disapproval will be transmitted to districts on a standard form. The standard approval/disapproval notice is presented in APPENDIX F.

Time frames for review of exemption requests and for notification of approval/disapproval are the same as those outlined in section IV.C.3. of this directive. If the Department disapproves the exemption request, the district must submit either an amended exemption request or a shared aide plan within thirty business days after receiving the formal disapproval notice. The Department will notify the district of approval or disapproval of the amended exemption request or the shared aide plan on the standard notice within forty five business days after receipt of the amended request or plan. If a district has elected to submit an amended exemption request and that request is disapproved by the Department, the district may not submit another amended exemption request and must submit a proposed shared aide plan on the forms found in APPENDIX A within thirty business days after receiving the formal disapproval notice. The proposed shared aide plan will be reviewed by the Department according to the procedures and time frames specified in section IV.C.3. of this directive.

Districts granted initial exemptions must submit an annual request for reapproval of their exemption. The reapproval request must be

prepared on APPENDIX E and submitted with each district's Annual Plan for Delivery of Personal Care Services, or if the Annual Plan is suspended by the Department or delayed for some other purpose, before the expiration date of the previous exemption. The annual expiration date is stated on the standard approval/disapproval notice.

Districts granted initial exemptions can choose to develop and implement a shared aide program at any time after the initial exemption request approval if circumstances change and development of such a program becomes feasible from a program or fiscal perspective. Development of shared aide programs by districts originally granted exemptions would require the completion and submission of an APPENDIX A.

V. SYSTEMS IMPLICATIONS

Shared aide plans and exemption requests may be electronically submitted to the Department. Computer capability is available to review diskettes in Lotus 1-2-3, dBase III Plus, Enable, Supercalc, and Sperrylink. The Department will provide technical assistance to any district interested in this type of submission.

VI. ADDITIONAL INFORMATION

Social services districts with experience in administration of shared aide programs are valuable resources for development of such programs by other districts. Discussions with staff involved in the day to day operation of the programs, review of materials already in use, visits to actual sites, and conversations with clients receiving shared aide services can be helpful in anticipating potential problems, designing an organizational structure, and establishing a realistic time frame for getting a shared aide program in place. The Department encourages direct consultation with the following districts currently operating shared aide programs: Albany, Broome, Chemung, Dutchess, Erie, Essex, Fulton, Herkimer, Monroe, New York City, Niagara, Oneida, Orange, Rensselaer, Suffolk, Sullivan, Westchester, and Warren.

The State Office for the Aging has recently issued a Technical Assistance Memorandum on shared aide. This memorandum, 91 TAM-13, briefly mentions shared aide programs operated by social services districts and contains a section addressing cooperative development of programs by districts and area agencies on aging. Districts may receive inquiries about collaboration from their area agency on aging or may wish to contact the area agency for further information.

VII. EFFECTIVE DATES

A. Submittal of Initial Shared Aide Plans, Portions of Plans, or Exemption Requests to the Department

Initial shared aide plans, portions of plans, or exemption requests must be submitted to the Department by May 1, 1992, but may be submitted at any time before this date. Suggestions for the types

of information and data to be included in shared aide reports generated by the Department and/or for frequency of report production may be submitted with the plans or at any other time.

Initial shared aide plans, portions of plans, exemption requests, or recommendations for reporting should be submitted to:

New York State Department of Social Services
DMA-LTC
Home Care Unit
P.O. Box 1935
Albany, New York 12201-1935

B. Use of Standard Fair Hearing Notices (APPENDICES G-J)

Districts should begin to use the standard fair hearing notices for all clients currently receiving personal care services under a shared aide model at the time of reauthorization of services and at initial authorization of services for all clients who have not previously received personal care services but who will be receiving services for the first time under a shared aide model.

C. Submittal of First Quarterly Shared Aide Report (APPENDIX C) to the Department

With exception of those districts which have already reached full, district-wide implementation, all districts with existing, Department approved shared aide plans must submit their first Quarterly Shared Aide Report to the Department by August 14, 1992, for the April-June, 1992 reporting period.

All other districts must submit their first report for the reporting period in which their shared aide plans are approved by the Department. The due date for the first report and the applicable reporting period will be stated on the standard shared aide plan approval/disappoval notice transmitted to each social services district at the time of plan approval.

APPENDIX C should be replicated for the first quarterly report and for all subsequent quarterly reports.

Jo-Ann A. Costantino
Deputy Commissioner

LIST OF APPENDICES

APPENDIX A: Shared Aide Plan, Parts A and B (available on-line)

APPENDIX B: Shared Aide Plan - Notice of Approval/Disapproval (available on-line)

APPENDIX C: Shared Aide Plan - Quarterly Report (available on-line)

APPENDIX D: Shared Aide Plan - Exemption Criteria and Conditions (available on-line)

APPENDIX E: Shared Aide Plan - Exemption Request (available on-line)

APPENDIX F: Shared Aide Exemption Request - Notice of Approval/Disapproval (available on-line)

APPENDIX G: Notice of Decision to Approve/Deny Personal Care Services Under the Shared Aide Program (not available on-line)

APPENDIX H: Notice of Decision to Change Provision of Personal Care Services From the Non-Shared Aide Program to the Shared Aide Program (not available on-line)

APPENDIX I: Notice of Intent to Discontinue Personal Care Services Under the Shared Aide Program (not available on-line)

APPENDIX J: Notice of Intent to Continue/Decrease/Increase Personal Care Services Under the Shared Aide Program (not available on-line)