

PROGRAM INSTRUCTION

memorandum



NEW YORK STATE OFFICE FOR THE AGING
Bldg. 2, Empire State Plaza, Albany, NY 12223

TO: <input checked="" type="checkbox"/> AREA AGENCY ON AGING DIRECTORS <input type="checkbox"/> <input type="checkbox"/>
Subject: State Department of Health Letter on EISEP
Response Due Date:

No: 89-PI-48	Date: 9/5/89
Programs Affected: <input type="checkbox"/> III-B <input type="checkbox"/> III-C-1 <input type="checkbox"/> III-C-2 <input type="checkbox"/> III-D <input type="checkbox"/> SNAP <input type="checkbox"/> CSE <input checked="" type="checkbox"/> EISEP <input type="checkbox"/> EPIC <input type="checkbox"/> RPE <input type="checkbox"/> HEAP <input type="checkbox"/> OTHER:	
Contact Person(s) - Phone Number(s) EISEP Unit (518) 474-8147	
For Your Information:	
PI Superseded by this document:	

PURPOSE

The purpose of this Program Instruction is to transmit to Area Agencies on Aging a copy of a letter disseminated by the New York State Department of Health to certified home health agencies and licensed home care services agencies on EISEP, and suggest appropriate follow-up.

BACKGROUND

For some time now, the SOFA and State Department of Health have been working together to develop a document that would help to clarify the relationship between local EISEP Programs and their in-home service subcontractors. Most of these subcontractors are either licensed home care services agencies or certified home health agencies, and therefore, subject to regulations promulgated by the State Department of Health.

During the course of implementing and operating EISEP, many Area Agencies and their in-home service providers have raised questions regarding the requirements of EISEP as they relate to the Department of Health regulations. The attached document was developed to respond to these questions, as well as to facilitate coordination and efficient and effective service delivery on the local level.

HIGHLIGHTS

The letter itself provides basic information on the Program and is used as a vehicle to transmit several documents which are helpful to Area Agencies and their EISEP case management agencies and in-home service providers. These documents include:

- Attachment A: the "Program Overview" a copy of which was transmitted to Area Agencies via a letter from Jane Gould in October, 1988;
- Attachment B: "Questions and Answers" regarding EISEP and SDOH regulations;
- Attachment C: the "Indicators for Referral" section of the EISEP PATH and the corresponding directions for its completion from the Instructions;
- Attachment D: "Guidelines for Physician Orders for Licensed Home Care Services Agencies" which was developed by SDOH to assist in the interpretation and implementation of this aspect of their regulations; and
- Attachment E: a list of the "Area Offices - Health Systems Management" of the State Department of Health.

The "Questions and Answers" were developed cooperatively by SDOH and SOFA and address many of the questions that have been raised by Area Agencies and their in-home services providers. This includes several critical issues as follows:

- Question #3 addresses SDOH's client assessment requirements for licensed home care services agencies in relation to the EISEP requirements for client assessments.
- Question #4 addresses the situation where an individual needs both non-medical services available under EISEP, and medical services (which are not available under EISEP); and
- Question #5 addresses SDOH's requirements for physician orders and clarifies when such are necessary.

NECESSARY ACTION

This document reflects a major interagency effort between the State Office for the Aging and the State Department of Health. It should be carefully reviewed by Area Agency on Aging staff as it has significant implications for the operations of EISEP and the relationship between the case management agency and the in-home services provider. It clarifies requirements of EISEP, licensed home care services agencies, and certified home health agencies and lays the groundwork for local procedures that need to be in place in order for EISEP to be successful.

All Area Agencies are strongly encouraged to meet with the appropriate staff from the licensed home care services agencies and certified home health agencies serving their county to discuss this letter and clarify any local issues related to coordination with EISEP.



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

David Axelrod, M.D.
Commissioner

**OFFICE OF HEALTH
SYSTEMS MANAGEMENT**

Raymond Sweeney
Director

Brian Hendricks
Executive Deputy Director

August 8, 1989

Dear Administrator:

The purpose of this letter is three-fold:

1. To provide a brief description of the Expanded In-Home Services for the Elderly Program (EISEP) which has been implemented by New York State under the auspices of the State Office for the Aging and managed locally by Area Agencies on Aging.
2. To encourage the continued participation and support from licensed home care services agencies (LHCASAs) and certified home health agencies (CHHAs) in implementation and operation of the Program in their communities.
3. To respond to questions that have arisen regarding the relationship, responsibilities and requirements of agencies under the regulations of this Department as they relate to EISEP.

EISEP is designed to complement other programs and assist localities in developing a coordinated system for responding to the needs of the functionally impaired elderly.

PROGRAM DESCRIPTION

Chapter 894 of the Laws of 1986 established the EISEP. The services offered by this Program are case management, non-medical in-home services, (i.e., homemaker/personal care and housekeeper/chore), non-institutional respite, and ancillary services for the elderly. Each Area Agency participating in EISEP must provide case management and in-home services. However, non-institutional respite and ancillary services are optional. A Program Overview which contains additional information about the specific program components of EISEP is attached. (Attachment A)

Each EISEP client must receive case management which includes assessment/reassessment, care planning, arranging/authorizing services and on-going follow up and monitoring. The regulations governing EISEP do not require that case management, in-home services, non-institutional respite, and ancillary services be provided by the same agency. Each participating Area Agency on Aging has the flexibility to organize the delivery of EISEP services in a manner which best utilizes local resources to meet the needs of

its community.

Eligibility for EISEP is limited to elderly persons who are functionally impaired and are not eligible for other programs offering similar services such as Medicaid or Title XX.

EISEP clients must contribute towards the cost of the services they receive if their available income is above 150% of poverty level. The amount a program participant is expected to pay will vary in accordance with a sliding scale based on the individual's financial status.

The statute requires that local jurisdictions, i.e., counties and the City of New York, who wish to participate in the program submit to the State Office for the Aging a County Home Care Plan for the Functionally Impaired Elderly. The purpose of this plan is to ensure that EISEP resources are used effectively by the localities to complement existing activities and services. Area Agencies are required to consult with several other local agencies, including the local public health agency, the local social services department, and any CASA or CASA-like agency during the plan development process.

As of March 1989, 51 Area Agencies on Aging, including the City of New York, have chosen to participate in EISEP and many of these localities now have fully operational programs.

PROGRAM IMPLICATIONS

Many home care agencies are directly providing EISEP services such as case management, non-medical in-home services (housekeeper/chore and/or homemaker/personal care), non-institutional respite (housekeeper/chore, homemaker/personal care or paid supervision), and/or ancillary services. The specific State Office for the Aging requirements and standards for EISEP services are found in Part 6654 of Title 9 of the New York Code, Rules and Regulations. These standards are consistent with the regulatory requirements for CHHA and LHCSA in Parts 760-767 of Title 10 of the New York Code, Rules and Regulations (10 NYCRR).

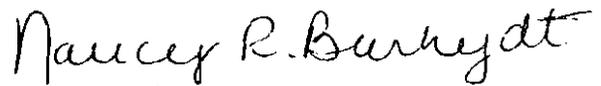
EISEP requirements, as well as CHHA and LHCSA regulations, allow for some flexibility so that service arrangements can be locally negotiated while allowing home care agencies to meet their responsibilities, as well as to comply with regulations and minimize duplication. Understandably, a number of questions have been raised regarding the differences between EISEP requirements and the home care agency regulations specified. Those questions, as well their answers, are attached for your information. (Attachments B, C, D)

Additional Information

If you need further information regarding EISEP requirements not addressed in this communication, you should contact the Area Agency on Aging serving your county.

If you need further information regarding the applicability of licensed home care services agency regulations and certified home health agency regulations to EISEP clients, contact the appropriate Area Office Home Care Program Director of Health Systems Management as specified in the attached listing. (See Attachment E)

Sincerely,



Nancy R. Barhydt, Dr. P.H.
Director

Bureau of Home Health Care Services

Expanded In-Home Services for the Elderly Program

A Program Overview

New York State Office for the Aging

SEPTEMBER 1988

Prepared by

EISEP Program Unit

NEW YORK STATE OFFICE FOR THE AGING

Expanded In-Home Services for the Elderly Program (EISEP)

A PROGRAM OVERVIEW

The Need for Community Based Long Term Care

The number of older New Yorkers who need long term care services has grown dramatically since 1970. New York State's initial system of long term care services was developed primarily to provide institutional, or nursing home care. Community-based long term care services have not grown as fast as the needs of consumers, primarily the functionally impaired elderly. Even where services exist many consumers don't know about them or how to obtain them.

New York State's Response

New York State has been a leader in developing human services. One of its responses to the need for community-based long term care services was the Expanded In-Home Services for the Elderly Program (EISEP). EISEP is a new component of New York's Community Services for the Elderly Program and is a major initiative to direct elderly residents in need of long term care toward community-based care rather than institutional care. It is designed to help elderly in need of those services to remain at home and be as independent as possible.

New Resources for Participating Counties

EISEP provides funding for a uniform system of in-home services, case management, non-institutional respite and ancillary services for elderly in the community who need long term care but who are not eligible for Medicaid.

To help participating counties plan for the future, EISEP funds the development of comprehensive County Home Care Plans for functionally impaired elderly. This EISEP planning component assists counties in identifying local long term care system needs. It also helps counties better coordinate community-based services provided by local Offices for the Aging, Social Services and Health Departments, and a variety of private agencies.

Operation of EISEP

EISEP is administered by the State Office for the Aging and operated by participating local Offices for the Aging. With the program's start in 1987, the State Office created regulations and

programs standards to ensure that services were provided in uniform manner across New York. This enables EISEP to mesh with other home care programs and services such as those provided through Medicaid or other health and social service programs.

The EISEP Client

EISEP helps eligible residents of participating counties who are:

- o 60 or older;
- o impaired in an "Activity of Daily Living" (such as eating, dressing, bathing or toileting), or in two "Instrumental Activities of Daily Living" (such as meals preparation, housekeeping, shopping, laundering or taking medication); and,
- o in need of EISEP services which cannot be met by informal supports (friends or relatives).

Assessing Client's Needs

A comprehensive assessment is conducted in order to determine if an elderly person is eligible for EISEP services and to decide on the type and amount of services to be provided. Local Offices for the Aging use the Patient Assessment Tool for Home Care (PATH), or its equivalent, along with an EISEP Financial Assessment. This provides important information to help determine the level of impairment, unmet need and level of cost sharing. Based on this comprehensive assessment a plan is developed to identify the services each client needs to overcome their specific impairments. This service plan is developed in conjunction with the participant's family and friends to support the care these informal caregivers provide.

Cost-Sharing

Since those who can afford to pay for services should do so, based on their ability to pay, EISEP participants must contribute toward the costs of all the non-case management services they receive. This cost-sharing helps expand the availability of services. A financial assessment is done for each participant to determine the amount of their income available for cost-sharing.

Clients whose adjusted incomes are less than 150% of poverty level do not have to cost-share. Those between 150 - 250% of poverty level pay a portion of the cost of their care based on a sliding scale, and those with adjusted incomes over 250% of poverty level pay for the full cost of their care.

Persons who are able to pay the full cost are encouraged to participate as the assessment and case management services will help assure they get the most appropriate services, rather than services which are inappropriate and more expensive.

Coordination with Other Programs: Medicaid and Adult Services

EISEP services do not duplicate services already available. New York State's local Social Services districts provide case management and appropriate in-home services under Title XIX (Medicaid) and XX (Adult Services) of the Social Security Act. To ensure that EISEP does not duplicate these services, each Office for the Aging has a unique county agreement to coordinate EISEP with Medicaid and Title XX programs.

Types of Services EISEP Provides

- o Each EISEP program is required to provide Case Management and In-Home Services.
- o Non-institutional Respite and Ancillary Services are optional as determined by assessing local need.

Case Management

Case Management includes screening, client assessment, care planning, care plan implementation and on-going case management. Essentially, case managers work to increase the capacity of the clients and family and other informal caregivers to cope with the strain of meeting long term care needs.

Case Management is the key to helping clients and their families assess their long term care needs, develop and maintain an appropriate plan of care and service delivery. EISEP Case Management fills the critical gap in New York's long term care system - a lack of assistance in applying for, obtaining and negotiating the confusing array of services and benefits that may be available in a community to assist the functionally impaired elderly.

EISEP complements the services provided by informal caregivers and helps them better cope with the stresses and burdens they face.

Non-Medical In-Home Services

Non-medical in-home services are housekeeper/chore and homemaker/personal care services. (They are equivalent to the Level I and II in-home services provided by the Medicaid Personal Care Program).

EISEP housekeeper/chore and homemaker/personal care services provide assistance with eating, transferring, dressing, bathing, toileting, meal preparation, shopping, laundering, taking medication, walking, traveling, money management and telephoning.

Each local Office for the Aging must spend a minimum of 50% of their EISEP services funding on EISEP in-home services.

Non-Institutional Respite

Under this optional service, respite care is provided to relieve the client's primary informal caregiver from the stresses and strains associated with caregiving. Each client can receive up to 78 hours of respite service a year.

EISEP non-institutional respite services may consist of: homemaker personal care; housekeeper/chore; paid supervision and non-medical adult day care.

Ancillary Services

This broad category is designed to meet unusual needs of elderly which may directly affect their ability to remain in their home. It includes the removal of architectural barriers; the purchase, maintenance and repair of appliances, such as stoves, fans and similar items; and the purchase of durable equipment such as commodes, walkers and wheelchairs.

Local Offices for the Aging which offer this unique optional service may spend up to 10% of their funding on Ancillary services.

For More Information

*For information about EISEP in your community,
contact your local Office for the Aging,
or call toll-free in New York State, 1-800-342-9871.*

PARTICIPATING LOCAL COUNTY OFFICES FOR THE AGING

Albany.....518-447-7180
 Broome.....607-772-2411
 Cattaraugus.....716-375-4114
 Cayuga.....315-253-1226
 Chautauqua.....716-753-4471
 Chemung.....607-737-5520
 Chenango.....607-335-4624
 Clinton.....518-565-4620
 Columbia.....518-828-4258
 Cortland.....607-753-5060
 Delaware.....607-746-6333
 Dutchess.....914-431-2465
 Erie.....716-846-6046
 Essex.....518-873-6301
 Franklin.....518-483-6767
 Fulton.....518-762-0650
 Greene.....518-943-5332
 Hamilton.....(See Warren/Hamilton)
 Herkimer.....315-867-1121
 Jefferson.....315-782-1075
 Lewis.....315-376-5313
 Livingston.....716-658-2881
 Madison.....315-684-9424
 Monroe.....716-274-7800
 Montgomery.....518-843-2300
 Nassau.....516-535-5814
 Niagara.....716-439-6044
 Oneida.....315-798-5771
 Onondaga.....315-425-2362
 Ontario.....716-396-4041
 Orange.....914-294-5151, Ext. 1560
 Orleans.....716-589-5673
 Oswego.....315-349-3484
 Putnam.....914-225-1034
 Rensselaer.....518-270-2730
 Rockland.....914-354-0200, Ext. 2110
 St. Lawrence.....315-379-2204
 Saratoga.....518-885-2212
 Schenectady.....518-382-8481
 Schoharie.....518-234-4219
 Seneca.....315-568-5893
 Steuben.....607-776-7651
 Suffolk.....516-348-5313
 Sullivan.....914-794-3000
 Tioga.....607-687-4120
 Tompkins.....607-274-5450
 Ulster.....914-331-9300
 Warren/Hamilton.....518-761-6347
 Washington.....518-499-2468
 Wayne.....315-946-5624
 Westchester.....914-682-3000
 Yates.....315-536-2368
 New York City.....212-577-0848

QUESTIONS AND ANSWERSPertaining to CHHA, LHCSA, and EISEP

1. Q: Are there any State EISEP requirements regarding qualifications of staff performing case management functions?

A: Yes, the State Office for the Aging has established program standards for case management. There are qualifications for individuals performing certain components of case management. These include: assessments/ reassessments, care planning, services authorizations and client discharge. These EISEP qualifications are similar to the minimum requirements for case workers at local departments of social services. Registered professional nurses, among others, meet these requirements.

The following are the specific qualifications of the individuals performing EISEP assessments, reassessments, care planning, service authorization and client discharge functions:

o Be a graduate from a regionally accredited college or university, or a New York State registered four year college or university, with a bachelor's degree; OR

Possess the equivalent of four years of satisfactory full-time experience in either:

- Social casework OR
- Social work in a community/social action program; OR
- Four years satisfactory full-time paid experience in teaching in an accredited school; OR
- Four years permanent service as a community services worker or case aide in a local social services district; OR

o Satisfactory equivalent combination of the foregoing training and experience; OR

o Be employed by the case management agency for at least two years prior to January 13, 1987, (the effective date of the Emergency Regulations) and possess demonstrated ability to perform case management activities.

2. Q: Can EISEP funds be used to pay for nursing assessments or nursing services?

A: No. The EISEP Program only provides funding for non-medical services which include EISEP case management, in-home services, non-institutional respite and ancillary services. Neither nursing services nor nursing assessments are reimbursable under EISEP. As stated in the answer to the previous question, registered professional nurses may perform any or all of the case management tasks. However, such staff would be reimbursed for performing EISEP case management activities only and not as staff performing nursing related tasks or duties.

3. Q: How can a licensed home care services agency meet its assessment responsibilities under Section 767.3 of the State Health regulations, when it is under contract with an Area Agency on Aging to provide homemaker/personal care services, but not case management, to EISEP clients? [EISEP provides in-home services which are called housekeeper/chore and homemaker/personal care. Housekeeper/chore services are similar to housekeeper services as defined in 700.2(c)(19) of NYCRR and are not subject to the licensed home care services agency regulatory requirements. Homemaker/personal care services are similar to personal care services as defined in 700.2(c)(17) of NYCRR.]

A: According to Section 767.3 of State Health regulations, in order for an individual to receive services from a licensed home care services agency, an assessment must be made by a registered professional nurse, or an individual directly supervised by a registered professional nurse, to determine if the individual's needs can be safely and adequately met by the licensed agency.

There are also requirements under EISEP regarding the performance of case management activities including assessments. All EISEP clients must be assessed in accordance with State Office for the Aging standards. These standards include: requirements for staff performing assessments; where the assessment may take place; and what the components of the assessment must include. Staff conducting EISEP assessments may be, but are not required to be, nurses.

In those situations where a licensed agency is under contract to provide EISEP-funded homemaker/personal care services but not case management, the agency does not have to conduct its own assessment of the client in order to provide these EISEP services. The licensed home care

services agency would continue to be held accountable under DoH regulations for the quality of the assessment and its adequacy in identifying patient care need. The licensed home care services agency can meet its assessment and care planning responsibilities without duplicating the responsibilities of the EISEP case management agency. The licensed home care services agency does not have to go out and do its own assessment. In such a situation, the licensed home care services agency and the EISEP case management agency would develop and implement procedures for the licensed agency's staff to obtain and have on file assessment information on each client. Such information would be reviewed by the RN at the licensed home care services agency and provide an opportunity for discussion between staff of the licensed agency and staff of the case management agency responsible for conducting the assessment to resolve any questions or problems.

Also, EISEP requires that an in-home visit be made by the supervisor of the homemaker/personal care worker within 5 days of service initiation. In most instances, the supervisor will be a registered professional nurse from the licensed agency providing the homemaker/personal care services. During this visit as with all subsequent supervisory visits, the supervisor has the opportunity to observe the client, confirm assessment information that has been provided, and follow-up with the case management agency as necessary.

As is true under other contractual agreements for the provision of services, the contract that is executed under EISEP would be expected to contain all relevant information. At a minimum, this would include:

- Responsibilities and functions of each party;
- Agency or agencies responsible for performing case management activities (including client assessments/reassessments and care planning);
- Description of the relationship between the EISEP service providers; and
- Provisions to comply with all applicable EISEP program standards.

4. Q. Can EISEP serve a client who has both medical and non-medical needs?

A. Yes, such a person can be served by EISEP if the person is not eligible to receive EISEP-like services under Medicaid, Medicare or any other entitlement program or insurance. However, EISEP would only provide services that meet the non-medical needs of the person while other services such as those offered by a licensed home care services agency and/or certified home health agency would

meet their medical needs.

As part of the EISEP assessment, the EISEP case manager is responsible for identifying if the individual may have needs in addition to those that can be met by EISEP. To assist case managers in making this decision, a section called "Indicators for Referrals" has been added to the EISEP/PATH, the assessment instrument used in EISEP. The section as it appears in the EISEP/PATH, and the instructions for its completion are attached for your information. (Attachment C).

If the medical needs of an EISEP client were not already being addressed at the time the person was assessed under EISEP, and those needs were observed or identified during the assessment process, the EISEP case manager would make appropriate referrals and arrangements for other services to meet these needs.

Likewise, if a licensed home care services agency or certified home health agency is meeting the medical needs of a person, and the individual is in need of non-medical services which are available under EISEP, then a referral should be made to EISEP.

5. Q. Under what circumstances are physician's orders required for EISEP clients?

A. The State Health regulations require licensed home care services agencies to have a physician's order for individuals being actively treated for a health care need or who require medical intervention in order to provide, among other services, personal care. However, a physician's order is not required for EISEP-funded home-maker/personal care services since this service is by design a non-medical service. The EISEP case manager may contact an individual's physician or other health professional treating the individual because of his or her condition or circumstances, but this is not required.

The EISEP case manager would always make a referral to a physician if, during any point in the case management process, a medical condition is identified by the client or observed by the case manager which has not been diagnosed and for which no physician-ordered treatment is in effect, or if there is an apparent change in a condition which has been diagnosed and/or treated in the past by a physician. A referral to a physician also would be made if the case management agency anticipates referring the individual to the local Department of Social Services for a Medicaid eligibility determination.

If a licensed agency is under contract to provide EISEP-funded homemaker/personal care services, it must have a physician's order for clients who:

1. Are being actively treated by a physician for a diagnosed health care problem; or
2. Have a health care need or change in physical status requiring medical intervention.

The Department has developed guidelines for physician orders which identify: the conditions under which a physician order is required; the situations where an exception to the requirement for physician orders is acceptable; and case histories to illustrate the requirement. A copy of the guidelines is attached. (Attachment D).

Because of the role and responsibilities of the case manager in EISEP, it is recommended that where EISEP clients are concerned, efficient procedures be developed that are in concert with the responsibilities of that agency and the EISEP case management agency.

6. Q: How can a licensed home care services agency meet the Department's requirements for "patient care records" (Subsection 767.6 of the regulations) when providing services under EISEP?

A: Except for the requirements for nursing assessments and physician orders (see the previous questions and answers covering these areas), the EISEP requirements are identical to the Department's. The only difference is that some of the EISEP requirements are so specified for the case management agency while others are specified for the home care provider agency. Coordination and information sharing between the case management agency and in-home service providers will permit the licensed agency to meet this requirement without duplicating the efforts already undertaken by the EISEP case management agency.

EISEP and provider requirements for recordkeeping of in-home services are identical with regard to:

- signed and dated progress notes;
- supervisory reports;
- observations and reports made by the aide; and
- documentation of accidents and incidents.

All of the other requirements noted under 767.6 (except as noted above for nursing assessments and physician orders) are similar to the case record requirements for EISEP-funded case management. Therefore, by implementing

adequate procedures for information sharing, arrangements can be made so that the licensed agency has all the necessary information in its patient records. The Department strongly recommends that such procedures be developed to facilitate coordination and reduce duplicative efforts.

7. Q: If a certified home health agency is under contract to provide EISEP in-home services but not case management services, how can the certified home health agency meet its care planning responsibilities under Section 764.3 of NYCRR ?

A. Section 764.3(a) of NYCRR states that:

A comprehensive assessment and plan of care for each patient shall be established by a representative of each service needed, the patient, the patient's family and patient's physician within 10 days of admission to the agency.

While a certified home health agency cannot delegate this responsibility, it can and should coordinate its assessment and care planning activities with the EISEP case management agency in order to avoid duplication in the assessment and care planning processes. The certified home health agency and EISEP case management agency should share assessment and service planning information so that the components of the assessments completed by the EISEP case manager can be used by the certified home health agency nurse whenever possible, and that the nurse does not duplicate this process or reassess the client to obtain the same information. The certified home health agency may be able to use the assessment completed under EISEP to meet the social and environmental components of its assessment process. The same is true for the EISEP case manager, if the certified home health agency nurse conducts the assessment first. Joint visits and case conferences are other mechanisms that also can be used to avoid duplication of effort.

Section 764.3(b) of NYCRR requires that the plan of care designate a professional staff person employed by the certified home health agency to coordinate care. This includes coordination of all services provided by the certified home health agency as well as those provided by informal care supports and other community agencies; and cooperation with other organizations providing or coordinating care. Since an individual receiving any EISEP service must receive case management, the certified home health agency can meet many of its requirements for coordination by working with the EISEP case manager. In most instances, this would mean that the certified home

health agency staff will coordinate the certified home health agency services needed by the client, while the EISEP case manager arranges for and coordinates the provision of the other services that are needed. There must be communication on a regular basis between staff of the certified home health agency and the EISEP case management agency in order to ensure coordination of all services.

8. Q: What are the reimbursement rates for EISEP services?

A: Where an Area Agency on Aging is contracting with a provider for a service(s) identical to those provided under the Medicaid Personal Care Program, The Expanded In-Home Services for the Elderly Program is not permitted to reimburse Medicaid approved service providers at a rate higher than that reimbursed by the Medicaid Program for the same service. Therefore, for EISEP services which are equivalent to reimbursable services under Medicaid (i.e., EISEP housekeeper/chore and homemaker/personal care services are equivalent to Medicaid personal care levels I and II respectively), the reimbursement rate(s) paid by EISEP to a certified home health agency or licensed home care agency may not be greater than that provider's Medicaid rate(s) for the equivalent service(s).

If the Area Agency is contracting with an agency that does not have an approved Medicaid rate for a similar service, then the EISEP rate for that provider may not exceed the highest Medicaid rate in the county for that service.

9. Q: How should client complaints be handled?

A: If a certified home health agency or licensed home care services agency receives a complaint regarding EISEP, it should be brought to the attention of the Area Agency on Aging. The Area Agency is responsible for investigating and resolving the problem.

If an Area Agency on Aging receives a complaint regarding the services provided by the certified home health agency or licensed home care services agency, it should be brought to the attention of the certified home health agency or licensed home care services agency. If the complaint is not resolved to the client's satisfaction, the client, or the EISEP case manager on behalf of the client, may express the complaint to the appropriate OHSM Area Office Program Director, who will conduct an investigation.

0004b

Co. Code Agency

Client Name

ID No.

Attachment C

Indicators For Referral: Section Specific To EISEP

1 Physical conditions

Untreated	Condition change	Client statement	Case Manager observation	Condition: describe condition.	DO NOT ATTEMPT DIAGNOSIS.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

2 Psychobehavioral Conditions

Untreated	Condition Change	Client Statement	Case Manager Observation	Condition: describe condition.	DO NOT ATTEMPT DIAGNOSIS.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

3 Referred to: List all which apply.

Name	Profession	Date of referral

Indicators For Referral: *This Section is specific to EISEP*

EISEP: The EISEP case manager fills out this Section instead of Sections J, K or L. However, if the county has received a waiver of the prohibition against nursing assessment, the nurse assessor will fill out Section J, K and L. The nurse assessor will not fill out this Section of Indicators for Referral.

Background: EISEP is a non-medical program, so it is likely that only rarely will a client's medical condition be as important for assessment and care planning as the details of impaired functioning. Following are two types of clients in which the medical condition may be important, and an EISEP case manager may have to know indicators of need for referral to a health professional:

A client being served by a medically-related service, such as a Medicaid or Medicare-reimbursable in-home service, and also receiving services under EISEP.

An EISEP client may be found to have an undiagnosed and/or untreated condition which requires attention.

The insert to the PATH used in EISEP records those indicators; these instructions also assist the EISEP case manager in balancing the need to be attentive to possible danger signals while maintaining the non-medical nature of the program. These indicators trigger referral for assessment by health professionals, and require followup by the case manager to determine possible effect on the care plan.

These indicators are relevant during any contact with the client: assessment, reassessment, home visits to assure quality of care, or in any other part of the ongoing case management process. Further, they can be used to instruct any persons coming in contact with the client, including informal supports or formal caregivers.

Types of Warning Signals:

The EISEP case manager must be able to identify two types of warning signals of need for referral: A condition may exist which has not been diagnosed, and for which no physician-ordered treatment is in effect. (This circumstance was seen during the SNAP surveillance.) The client may not regard the condition as a problem, or the client may have done a self-"diagnosis" and be using some "treatment" without physician orders.

A condition may have changed in a way which requires assessment for treatment. The condition may or may not have been diagnosed and treated in the past; what is important is the fact of change.

Process for Identifying Indicators:

- 1. Observation:** Certain conditions may be identified by the case manager through observation. Use the following indicators list as a guide for things to look for. Looking closely at the client can disclose abnormalities: in general, what would look abnormal on the case manager is also abnormal when seen on an older person (e.g., swelling of an extremity or puffiness around the eyes).
- 2. Ask about conditions and changes in conditions:** The case manager can ask in a general way for the client to identify any conditions or changes in conditions which the client thinks might be important for the case manager to know about. If observation shows a condition not mentioned by the client, further probing is appropriate. It is appropriate to seek further information from other knowledgeable individuals.
- 3. Discover if a condition has been diagnosed by a physician or health professional:** Whether observed by the case manager or identified by the client in response to questions, ask if the condition has been diagnosed by a physician. If the client states a condition in terms of a diagnosis or disease (i.e., "I have high blood pressure" or "I have congestive heart failure"), determine if the statement reflects a physician diagnosis.

If the client states that the condition has been diagnosed, seek confirmation from other knowledgeable persons: family members, informal supports, etc. Confirmation can help identify circumstances in which the diagnosis has not in fact been made by a professional, or provide more detail on duration and incidence than remembered by the client.

On a first assessment, the only source of information about changes in condition will come from the client, informal supports, family, etc. The case manager will be able to personally identify changes only at subsequent reassessments or in other contacts with the client.

- 4. Ask about treatments ordered:** If the condition has been diagnosed by a physician, ask if treatment has been ordered and determine if the treatment is being followed.

Referral is needed if:

the condition has not been diagnosed,
the condition has changed,
treatment has not been ordered, or
the treatment is not being followed.

Referral order:

1. Usually, referral should be to the client's primary medical provider: personal physician or usual medical provider (clinic, HMO, etc.) if any.
2. Follow the instructions of the primary provider if referral to another health professional is indicated (e.g., a physical therapist if ordered by a physician).
3. In the absence of a regular medical provider, referral will be to a local public health nursing service.

Exception: In the case of a psychobehavioral indicator, referral may be directly to a mental health professional.

Follow-up: After referral, determine the results of the professional assessment and the effect on the care plan.

Indicators:

General: With some persons, there may be a tendency to minimize the importance of a condition, especially if long lasting. The important criteria are whether diagnosis and treatment have occurred, and if change has occurred from chronic to acute distress. Acute distress usually is indicated as the condition becomes the total object of the client's attention. Another useful guide is the swiftness of onset of a condition or change. A condition which has developed over the course of a few hours to a day is more likely to be serious.

The following lists contain indicators of need for referral if the condition exists and is not under treatment, or if change has occurred. The first three are noted as indicators of need for emergency treatment to prevent serious illness, injury or death. Other items may indicate need for emergency treatment, especially if change has been abrupt or distress is acute.

(Note: During the process of determining if a referral for a medical assessment is needed, medical conditions may be identified by the client, informal caregivers, family members or other professionals. If the client is not being referred for a medical assessment include information on these conditions in the client case record for possible use in managing the client's care.)

The following are indicators of physical conditions needing referral:

- inability to wake someone who appears to be sleeping comfortably: emergency.
- frequent falls: if a fall is associated with severe pain or bruising, or obvious broken limb, emergency.
- chest pain, chest pressure, pain radiating from chest down arms, or severe indigestion or vomiting: emergency.
- swelling of a body part; report which part(s) is swollen.
- difficulty breathing, or easily winded whether with exertion or just in conversation.
- strong odors of urine or feces.
- frequent inebriation.
- open sores, whether they appear infected or not, and especially if not healing promptly.
- very dry, flaking skin.
- frequent going to the bathroom, whether voiding urine or feces, not related to an acute condition.
- frequent or unusual nausea, vomiting or dizziness.
- frequent headaches
- several bruises, particularly if on extremities.
- bleeding, from wound on body or into urine or feces.

The following are indicators of psychobehavioral conditions needing referral:

- memory loss.
- hallucinations (note instructions in Section G for distinction from delusions).

The following two lists are indicators of need for referral when there are significant changes in physical or psychobehavioral condition: The following are indicators of physical conditions needing referral:

- large change in weight (more than 10 pounds in six months).
- change in capacity to perform IADLs or ADLs only if such change is not directly related to an obvious cause. Example: change in capacity due to an acute respiratory infection or after surgery would not count here.
- loss of appetite, or other major change in appetite or dietary intake.
- change in sleep pattern, whether to much more or much less than previous normal.
- increase in thirst.
- change in ability to communicate verbally.
- change in strength or stamina.
- change in awareness of or interest in surroundings.
- change in sensory ability.

The following are indicators of change in psychobehavioral condition:

- change in social interactions, reducing previously maintained contacts.
- change in personal behavior, as in mode of dressing, aggressiveness, or ability to make judgments not related to change in physical capacity.

Instructions for Using this Section of the PATH: Indicators:

Items 1 and 2: The form divides the indicators into physical conditions and psychobehavioral conditions. List under psychobehavioral indicators those identified above as indicators of conditions or changes of psychobehavioral condition.

List indicators in order of severity, as measured by impact on the person's capacity to perform functions of daily living or by the emergency nature of the condition. In the space given, check all items which apply.

Untreated: Check if the cause for referral is that the condition has not been diagnosed, or treatments ordered have not been performed.

Condition change: Check if the cause for referral is change in condition.

Client statement and Case manager observation: Check the box or boxes which defines the person identifying the situation which leads to the referral.

Condition: Name the condition suggesting the need for referral. Do not attempt a diagnosis. If client uses a diagnostic term and states that this diagnosis was made by a physician, you may include the term and note that it was provided by the client. In that case, however, also add a description of the specific condition causing the referral using language like that contained in the list of indicators above. Where applicable, identify the body part involved (e.g., "left leg is swollen"). When the condition has changed, note the approximate time the change began and over what length of time it took place (e.g., "swelling began this morning and took three hours").

Item 3: Referred to: Record here the individual and professional affiliation or agency to which the client was referred, and the date of the referral. Examples can include a physician, public health nurse, or mental health professional. If referral was to a hospital emergency department, no name or professional affiliation of an individual need be entered.

Other Considerations:

Followup: While the PATH does not record this, the case manager will followup on the referral. The case manager will have to decide whether the EISEP assessment must wait for a report from the referral before a care plan can be made and put into operation. In such cases, inform the client of the need for a report of the referral.

Refusal to accept referral: A client retains the right to refuse medical treatment, including assessment. If, as a case manager, you determine that such choice may not reflect informed decision-making or subjects the client to imminent risk of serious harm, you should employ the usual procedures to refer the case to Protective Services for Adults of the local Department of Social Services.

If referral is refused, you may have to conclude that the information to be gained from the referral is necessary to decide that the client can be maintained safely at home. The EISEP standards require that you not authorize service unless you determine that the client can be safely served at home. In such a case, you cannot authorize service, and should make a referral to Protective Services for Adults.

No primary medical provider is used by the client: A client may not have a physician, clinic or HMO which serves as primary provider. EISEP services cannot be withheld if the client refuses to seek a primary medical provider, except if you determine that in-home services cannot safely be provided. A client without a primary medical provider should be assisted in finding one, and encouraged to do so. Depending on instructions from the local AAA, assistance in finding a primary medical provider may be the responsibility of the EISEP case manager or of another case manager or advocate. *Under no circumstances may an EISEP case manager force a client to choose a particular provider, or force a client to seek a provider.*

**NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF HOME HEALTH CARE SERVICES**

**Guidelines for Physician Orders
Licensed Home Care Services Agencies**

Introduction

With the implementation of Chapter 959 of the Laws of 1984, licensed home care service agencies have requested guidelines describing when patients need physician orders under Section 767.4 of 10 NYCRR. The following discusses this regulation and describes situations which may assist agencies and Area Office surveyors in determining if physician's orders are necessary.

Regulatory Authority

As stated in Section 767.4 of 10 NYCRR, a physician's order must be documented for the health care services the agency provides to those patients who:

- (1) are being actively treated by a physician for a diagnosed health care problem;
- (2) have a health care need or change in physical status requiring medical intervention; or
- (3) are home health aide or personal care services patients of a certified home health agency.

Section 505.14(b) of 18 NYCRR requires physician's orders to authorize the personal care aide service under the Medicaid program. Similarly, the long term home health care program (LTHHCP) and hospice programs require physician's orders (Sections 771.5(a)(6) and 794.3(b)(5) of 10 NYCRR respectively) for the provision of health care services including services provided under contract with LHCSA.

Definitions

"Actively treated by a physician for a diagnosed health care problem" means that the patient's medical diagnosis requires that the patient be seen or monitored by a physician at least every four months or more frequently. Such patients usually:

- (1) take prescription medications; and/or
- (2) require medical examinations which may include but are not limited to laboratory testing or other medical diagnostic testing; and/or

- (3) require periodic monitoring by a physician, physician assistant or primary care nurse under the direction of a physician.

"A health care need or change in physical status requiring medical intervention" means the patient exhibits signs and symptoms of health care problems which can only be effectively treated and monitored by a physician or by a nurse under the direction of physician. The plan of care in such a case should be revised to meet the changing care needs of the patient as indicated.

Guidelines

The following patients always require physician's orders when receiving health care services from the LHCSA:

- (1) the patient is receiving the skilled services of professional health care personnel including nursing, physical therapy, occupational therapy, speech and language pathology, respiratory therapy, audiology, nutrition, and/or medical social work;
- (2) the patient is receiving assistance with health related tasks provided by home health aide, PCA II or III; and/or
- (3) the patient whose condition is actively being treated by a physician or whose physical status is changeable, as stated in the regulations, Section 767.4 of 10 NYCRR, which have been clarified in the definitions stated above.

For patients who do not fall into categories (1) through (3) above, the exceptions to the requirement for physician' orders are as follows:

- (1) the patient is receiving personal care aide service only for assistance with ADL and IADL only; and
- (2) the patient's medical condition is not expected to change suddenly;and
- (3) the patient is self directing. that is, able to manage his/her health care needs or has an informal support willing to assume this responsibility; and
- (4) the aide services provided are primarily for the safety, security and/or convenience of the patient (or his/her family).

Before a LHCSA makes a decision regarding whether physician's orders are needed, and assessment by a registered professional nurse must be completed to determine the patient's care needs. The outcome of the assessment by the RN would determine if physician orders are required based on the skilled health related tasks needed by the patient, in combination with the health care status and self-direction of the patient.

Case Histories

- (1) An elderly patient, who is a controlled diabetic, independently administers his own insulin, manages his own diet, and wants a PCA for assistance with a bath because he is concerned about slipping in the tub. This patient would not necessarily need physician orders. However, if this same patient's condition becomes less stable, i.e., he has symptoms of hyper/hypoglycemia or other diabetic related complications, this patient should be reassessed by the RN and physician orders should be obtained.
- (2) A patient has a medical history of rheumatoid arthritis and wants assistance by a PCA for safety and security. The patient visits the physician once a year for an annual physical and although the patient has periods of pain, he/she "is managing" with "over-the-counter" medications. Physician orders would not be needed unless the patient's condition began to deteriorate i.e. the patient began to see a physician more regularly for the medical management of the arthritis. The LHCSA would be responsible for reassessing the patient, obtaining the physician orders, and updating the plan of care.
- (3) A patient, with no known diagnosis, calls for assistance with personal care and reports to have no health care problems or complaints. Agency staff conclude physician orders are not necessary. During the initial nursing supervisory home visit, the patient relates he/she is fatiguing easily and has difficulty sleeping. Edema is present and vital signs reflect fluctuations. Although the patient has requested only PCA service and is not under the care of a physician, the LHCSA is responsible to advise and encourage the patient to seek medical follow-up. The agency must obtain physician orders in order to continue to provide services. Such symptoms may indicate cardiac, respiratory, renal or other problems requiring medical management.

AREA OFFICES - HEALTH SYSTEMS MANAGEMENT

ADMINISTRATORPROGRAM DIRECTORCOUNTIES SERVEDAlbany

Philip F. DeFreest
Area Administrator
Albany Area Office
Building 7A, State Campus
Albany, NY 12226
(518)457-4853

Harriet Welburn
Home Health Care
Services Program
Director
(518)457-4766

Albany	Montgomery
Clinton	Otsego
Columbia	Rensselaer
Delaware	Saratoga
Essex	Schenectady
Franklin	Schoharie
Fulton	Warren
Greene	Washington
Hamilton	

Buffalo

James H. Campbell
Area Administrator
Buffalo Area Office
584 Delaware Avenue
Buffalo, NY 14202
(716)847-4302

Philip J. Rooss
Home Health Care
Services Program
Director
(716)847-4307

Allegany	Genesee
Cattaraugus	Niagara
Chautauqua	Orleans
Erie	Wyoming

New Rochelle

Nathan M. Lipsen
Area Administrator
New Rochelle Area Office
145 Huguenot St., 6th Floor
New Rochelle, NY 10801
(914)632-3701

Agha Jafri
Acting Home Health
Care Services
Program Director
(914)632-8271

Dutchess	Suffolk
Nassau	Sullivan
Orange	Ulster
Rockland	Putnam
Westchester	

New York City

Florence Frucher
Area Administrator
New York City Area Office
116 West 32nd Street
New York, NY 10001
(212)502-0700

Kathleen Zobel
Home Health Care
Services Program
Director
(212)502-0761

Bronx	Queens
Kings	Richmond
New York	

Rochester

Sanford Rubin
Area Administrator
Rochester Area Office
Bevier Building
42 South Washington St.
Rochester, NY 14608
(716)423-8041

William Hoogland
Acting Home Health
Care Services
Program Director
(716)423-8082

Chemung	Seneca
Livingston	Steuben
Monroe	Wayne
Ontario	Yates
Schuyler	

Syracuse

Norman S. Andrzejewski
Area Administrator
Syracuse Area Office
677 So. Salina Street
Syracuse, NY 13202
(315)428-4760

Carolyn Rogers
Home Health Care
Services Program
Director
(315)428-4768

Broome	Jefferson
Cayuga	Oneida
Chenango	Onondaga
Cortland	Oswego
Herkimer	St. Lawrence
Lewis	Tioga
Madison	Tompkins