Exhibit 1.

NY State of Health Private Pay Home Care Services Pilot Program LHCSA Rate Schedule

Applicant Name:	
Certification Number:	
Effective Date of Rates:	

Instructions.

Standard Private Pay Hourly Rate: provide the rate charged to private pay consumers for the services listed in each county.

<u>Preferrential Private Pay Hourly Rate</u>: provide the rate charged to private pay consumers for the services listed in each county.

Number of Hours Required for Preferrential Rate: specify the minimum number of hours required to offer the preferrential rate for the services listed in each county.

Service Category	Standard Private Pay Hourly Rate			Preferrential Private Pay Hourly Rate (Offered Based Upon Volume of Services)			Number of Hours Required for Preferrenial Rates		
	Nassau	Suffolk	Westchester	Nassau	Suffolk	Westchester	Nassau	Suffolk	Westchester
Personal Care									
Housekeeping									
Homemaker									
Home Health Aide									

Instructions.

If the Applicant will offer Remote Patient Monitoring and/or Store and Forward Technology, include the standard and preferential rates for each county and what conditions will be required to be offered the preferrential rates.

Service Category	Standard Private Pay Rate			Preferrential Private Pay Rate			Conditions to be Offered Preferrenial Rates		
	Nassau	Suffolk	Westchester	Nassau	Suffolk	Westchester	Nassau	Suffolk	Westchester
Remote Patient Monitoring									
Store and Forward Technology									