WGIUPD GENERAL INFORMATION SYSTEM 03/24/09
DIVISION: Office of Long Term Care PAGE 1

GIS 09 OLTC/002

TO: Local District Commissioners, Medicaid Directors, Long Term Home

Health Care Program Coordinators

FROM: Mark Kissinger, Deputy Commissioner

Office of Long Term Care

SUBJECT: Long Term Home Health Care Program (LTHHCP) DSS Quarterly Report

EFFECTIVE DATE: April 1, 2009

CONTACT PERSON: Office of Long Term Care

Diane Jones 518-474-6580 drj01@health.state.ny.us

The purpose of this GIS is to advise LDSS staff of the new quarterly reporting requirement on various administrative aspects of the LTHHCP. The data collected and reported by district staff on the attached LTHHCP DSS Quarterly Report will be used by the Department for monitoring and analyzing trends, identifying quality improvement issues and reporting compliance with the Centers for Medicare and Medicaid Services' (CMS) waiver assurances for quality management of waiver programs.

Attached is the LTHHCP DSS Quarterly Report form and instructions for completing the form/report. The LTHHCP DSS Quarterly Report will be "Field tested" for the time beginning April 1, 2009 through June 30, 2009 with report submission to the Department due by July 15, 2009. Any changes needed to the report based on district feedback after the "Field Test" will be communicated to LDSS staff. Otherwise for subsequent $3^{\rm rd}$ and $4^{\rm th}$ quarter 2009 reports a copy of the same form should be used with the time periods and due dates as listed on the attached report. Report forms for 2010 and thereafter will be distributed by the Department at a future date.

For questions regarding the LTHHCP DSS Quarterly Report and/or instructions, contact OLTC LTHHCP Waiver Management Staff at 518-474-6580.

Attachment