

90 PERCENT OF RHCY COSTS BY DISTRICT CY 1996		
CODE	COUNTY NAME	90 PERCENT TARGET
01	ALBANY	\$3,209.00
02	ALLEGANY	\$2,720.00
03	BROOME	\$2,907.00
04	CATTARAUGUS	\$2,759.00
05	CAYUGA	\$2,943.00
06	CHAUTAUGUA	\$2,639.00
07	CHEMUNG	\$3,241.00
08	CHENAGO	\$3,467.00
09	CLINTON	\$2,948.00
10	COLUMBIA	\$2,911.00
11	CORTLAND	\$2,812.00
12	DELAWARE	\$3,133.00
13	DUTCHESS	\$3,154.00
14	ERIE	\$2,981.00
15	ESSEX	\$3,114.00
16	FRANKLIN	\$2,489.00
17	FULTON	\$3,368.00
18	GENESEE	\$2,526.00
19	GREENE	\$3,298.00
20	HAMILTON	\$2,704.00
21	HERKIMER	\$3,273.00
22	JEFFERSON	\$3,285.00
23	LEWIS	\$3,032.00
24	LIVINGSTON	\$2,957.00
25	MADISON	\$3,577.00
26	MONROE	\$3,119.00
27	MONTGOMERY	\$3,558.00
28	NASSAU	\$4,274.00
29	NIAGARA	\$2,822.00
30	ONEIDA	\$2,785.00
31	ONONDAGA	\$3,426.00
32	ONTARIO	\$3,504.00
33	ORANGE	\$3,608.00
34	ORLEANS	\$2,678.00
35	OSWEGO	\$2,722.00
36	OTSEGO	\$3,167.00
37	PUTNAM	\$2,782.00
38	RENSSELAER	\$2,882.00
39	ROCKLAND	\$4,254.00
40	ST. LAWRENCE	\$2,473.00
41	SARATOGA	\$3,339.00
42	SCHENECTADY	\$3,163.00
43	SCHOHARIE	\$2,930.00
44	SCHUYLER	\$2,820.00
45	SENECA	\$2,641.00
46	STEBEN	\$3,056.00

## 90 PERCENT OF RHCY COSTS BY DISTRICT CY 1996

CODE	COUNTY NAME	90 PERCENT TARGET
47	SUFFOLK	\$4,147.00
48	SULLIVAN	\$3,389.00
49	TIOGA	\$2,608.00
50	TOMPKINS	\$2,749.00
51	ULSTER	\$3,434.00
52	WARREN	\$2,906.00
53	WASHINGTON	\$2,851.00
54	WAYNE	\$3,226.00
55	WESTCHESTER	\$4,070.00
56	WYOMING	\$2,582.00
57	YATES	\$3,038.00
58	NYC	\$4,605.00

**NOTICE OF DECISION TO DENY  
(FISCAL ASSESSMENT)  
PRIVATE DUTY NURSING SERVICES**

Notice Date:	Effective Date:	Name and Address of Agency/Center or District Office		
Case Number	CIN Number			
Case Name and Address				
		OR Agency Conference Fair Hearing Information And Assistance Record Access Legal Assistance Information		
Office No.	Unit No.	Worker No.	Unit or Worker Name	Telephone No.

- This is to inform you that we intend to deny your request for private duty nursing services.
- This is to inform you that we intend to deny your request for an increase in private duty nursing services.

We are taking this action because:

- The average monthly cost of your private duty nursing services exceeds ninety percent (90%) of the average monthly cost of residential health care facility (RHCF) services in the social services district that is financially responsible for your Medical Assistance.

Based on your fiscal assessment, the average monthly cost of your private duty nursing services is \$ \_\_\_\_\_ and 90% of the average cost of RHCF services in your district is \$ \_\_\_\_\_. The cost of your services is \$ \_\_\_\_\_ OVER the 90% of RHCF cost; and

- Your case does not meet any of the EXCEPTION CRITERIA listed in the enclosed attachment.

THE STATUTE WHICH ALLOWS US TO DO THIS IS SECTION 367-1 OF THE SOCIAL SERVICES LAW

Regulations require that you immediately notify this department of any changes in needs, income resources, living arrangements or address.

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION  
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION**

PRIVATE DUTY NURSING SERVICES (Fiscal Assessment) - DENIAL

**RIGHT TO A CONFERENCE:** You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made the wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice or by sending a written request to us at the address listed at the top of the first page of this notice. This number is used only for asking for a conference. It is not the way you request a fair hearing. If you ask for a conference you are still entitled to a fair hearing. Read below for fair hearing information.

**RIGHT TO A FAIR HEARING:** If you believe that the above action is wrong, you may request a State fair hearing by:

(1) Telephoning: (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL)

- If you live in: New York City (Manhattan, Bronx, Brooklyn, Queens, Staten Island): (212) 417-6550
- If you live in: Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming County: (716) 852-4868
- If you live in: Allegany, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne or Yates County: (716) 266-4868
- If you live in: Broome, Cayuga, Chenango Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tompkins or Tioga County: (315) 422-4868
- If you live in: Albany, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington, or Westchester County: (518) 474-8781.
- If you live in: Nassau, Suffolk County: (516) 739-4868

OR

(2) Writing: By sending a copy of this notice completed to the Fair Hearing Section, New York State Office of Temporary & Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

I want a fair hearing. The Agency's action is wrong because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Case Number \_\_\_\_\_

**YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING**

If you request a fair hearing, the state will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing, you, your attorney or other representative will have the opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, medical bills, medical verification, letters, etc. that may be helpful in presenting your case.

**Legal Assistance:** If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS

To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file which you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION

If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone numbers listed at the top of page 1 of this notice.

**PRIVATE DUTY NURSING SERVICES (Fiscal Assessment) - DENIAL**

**RIGHT TO A CONFERENCE:** You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made the wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice or by sending a written request to us at the address listed at the top of the first page of this notice. This number is used only for asking for a conference. It is not the way you request a fair hearing. If you ask for a conference you are still entitled to a fair hearing. Read below for fair hearing information.

**RIGHT TO A FAIR HEARING:** If you believe that the above action is wrong, you may request a State fair hearing by:

1. **TELEPHONE:** (212) 417-6550 (Please have this notice with you when you call.)
2. **FAX:** Sending a copy of this notice to (518) 473-6735.
3. **WALK-IN:** Bring a copy of this notice to New York State Office of Temporary and Disability Assistance at 80 Centre Street, 3rd Floor, New York, New York.
4. **MAIL:** By sending a copy of this notice completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, PO Box 1930, Albany, New York 12201. Please keep a copy for yourself.

If you cannot reach the State Office of Temporary and Disability Assistance by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

I want a fair hearing. The Agency's action is wrong because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Case Number \_\_\_\_\_

**YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING**

If you request a fair hearing, the state will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing, you, your attorney or other representative will have the opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, medical bills, medical verification, letters, etc. that may be helpful in presenting your case.

**Legal Assistance:** If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

**ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS**

To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file which you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

**INFORMATION**

If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone numbers listed at the top of page 1 of this notice.

**EXCEPTION CRITERIA  
FOR DENIAL OF PRIVATE DUTY NURSING SERVICES**

The Office of Temporary and Disability Assistance official has determined that you do not meet any of the following exception criteria. If you disagree with this determination and you think that you meet at least one of the following exception criteria, you may ask for a State fair hearing. Please refer to the attached notice to learn how you may ask for a State fair hearing.

The exception criteria are as follows:

1. The recipient is not medically eligible for residential health care facility services or other long-term care services;
2. The private duty nursing services are most cost effective when compared to the cost of other long-term care services appropriate to the recipient's individual needs. In determining the cost-effectiveness of private duty nursing services or private duty nursing services provided in conjunction with home health services, recipients that would otherwise be placed in a general hospital shall have the cost of their private duty nursing services or private duty nursing services provided in conjunction with home health services compared to the cost of care in a general hospital for patients requiring extended medical intervention calculated based on the sum of the payments for diagnosis-related groups for such patients in all hospitals in the region as determined by the department, divided by the sum of the group mean lengths of stay for such diagnosis-related groups for all such hospitals, multiplied by 365 and further divided by 12. In determining the cost-effectiveness of private duty nursing services or private duty nursing services provided in conjunction with home health services, recipients that would otherwise be placed in an intermediate care facility for the developmentally disabled as determined by the Department in consultation with Office of Mental Retardation and Developmental Disabilities;
3. That the private duty nursing services recipient is employed; enrolled in an educational program approved by the committee on preschool special education, or the state board of regents; the parent of a dependent child; or permanently disabled and, in the absence of private duty nursing services, would remain hospitalized or require hospitalization on a long-term basis;
4. The private duty nursing services are appropriate for the recipient's functional needs and that institutionalization is contraindicated, based on a review of the recipient's medical case history, including a certified statement from the recipient's physician on a form required by the Department describing the potential impact of institutionalization which has been reviewed by a RHCF to determine if institutionalization would result in a diminishing of the recipient's ability to perform the activities of daily living;
5. The district determines in the event the recipient lives with someone who would require services in the recipient's absence, the district must determine that the cost for services for both persons, if either or both are institutionalized, would equal or exceed cost for continued private duty nursing services for the recipient and for services to such other person.

NOTICE OF DECISION TO DISCONTINUE  
PRIVATE DUTY NURSING SERVICES  
(Fiscal Assessment)

Notice Date:	Effective Date:	Name and Address of Agency/Center or District Office		
Case Number	CIN Number			
Case Name and Address				
		GENERAL TELEPHONE No FOR QUESTIONS OR HELP _____		
		OR Agency Conference _____ Fair Hearing Information _____ And Assistance _____ Record Access _____ Legal Assistance Information _____		
Office No.	Unit No.	Worker No.	Unit or Worker Name	Telephone No.

This is to inform you that we intend to discontinue private duty nursing services; however the private duty nursing services that you are currently receiving will continue until the appropriate long-term care services listed below become available. This discontinuance will not happen before the effective date of this notice which is \_\_\_\_\_.

We are taking this action because:

- The average monthly cost of your private duty nursing services exceeds ninety percent (90%) of the average monthly cost of residential health care facility (RHCF) services in the social services district that is financially responsible for your Medical Assistance.

Based on your fiscal assessment, the average monthly cost of your private duty nursing services is \$ \_\_\_\_\_ and 90% of the average cost of RHCF services in your district is \$ \_\_\_\_\_. The cost of your services is \$ \_\_\_\_\_ OVER the 90% of RHCF cost; and

- Your case does not meet any of the EXCEPTION CRITERIA listed in the enclosed attachment.

Based on your current medical condition, you must be referred to the following appropriate long-term care services:

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If you refuse to participate in admission requirements for the RHCFs or refuse to accept the services listed above when they become available, your private duty nursing services will **STOP**.

THE STATUTE WHICH ALLOWS US TO DO THIS IS SECTION 367-1 OF THE SOCIAL SERVICES LAW

Regulations require that you immediately notify this department of any changes in needs, income resources, living arrangements or address.

YOU HAVE THE RIGHT TO APPEAL THIS DECISION  
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION

**PRIVATE DUTY NURSING SERVICES (Fiscal Assessment) - DISCONTINUANCE**

**RIGHT TO A CONFERENCE:** You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made the wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice or by sending a written request to us at the address listed at the top of the first page of this notice. This number is used only for asking for a conference. It is not the way you request a fair hearing. If you ask for a conference you are still entitled to a fair hearing. Read below for fair hearing information.

**RIGHT TO A FAIR HEARING:** If you believe that the above action is wrong, you may request a State fair hearing by:

1. **TELEPHONE:** (212) 417-6550 (Please have this notice with you when you call.)
2. **FAX:** Sending a copy of this notice to (518) 473-6735.
3. **WALK-IN:** Bring a copy of this notice to New York State Office of Temporary and Disability Assistance at 80 Centre Street, 3rd Floor, New York, New York.
4. **MAIL:** By sending a copy of this notice completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, PO Box 1930, Albany, New York 12201. Please keep a copy for yourself.

If you cannot reach the State Office of Temporary and Disability Assistance by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

I want a fair hearing. The Agency's action is wrong because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Case Number \_\_\_\_\_

**YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING**

If you request a fair hearing, the state will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing, you, your attorney or other representative will have the opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, medical bills, medical verification, letters, etc. that may be helpful in presenting your case.

**CONTINUING YOUR BENEFITS:** If you request a fair hearing before the effective date stated in this notice, you will continue to receive your PRIVATE DUTY NURSING unchanged until the fair hearing decision is issued. However, if you lose the fair hearing, we may recover the cost of any PRIVATE DUTY NURSING that you should not have received. If you want to avoid this possibility, check the box to indicate that you do not want your aid continued, and send this page along with your hearing request. If you do check the box, the action described above will be taken on the effective date listed on the first page of this notice.

I agree to have the action taken on my PRIVATE DUTY NURSING as described in this notice, prior to the issuance of the fair hearing decision.

**Legal Assistance:** If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

**ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS**

To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file which you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

**INFORMATION**

If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone numbers listed at the top of page 1 of this notice.



**PRIVATE DUTY NURSING SERVICES (Fiscal Assessment) - DISCONTINUANCE**

**RIGHT TO A CONFERENCE:** You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made the wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice or by sending a written request to us at the address listed at the top of the first page of this notice. This number is used only for asking for a conference. It is not the way you request a fair hearing. If you ask for a conference you are still entitled to a fair hearing. Read below for fair hearing information.

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If you cannot reach the State Office of Temporary and Disability Assistance by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

I want a fair hearing. The Agency's action is wrong because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Case Number \_\_\_\_\_

**YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING**

If you request a fair hearing, the state will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing, you, your attorney or other representative will have the opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, medical bills, medical verification, letters, etc. that may be helpful in presenting your case.

**CONTINUING YOUR BENEFITS:** If you request a fair hearing before the effective date stated in this notice, you will continue to receive your PRIVATE DUTY NURSING unchanged until the fair hearing decision is issued. However, if you lose the fair hearing, we may recover the cost of any PRIVATE DUTY NURSING that you should not have received. If you want to avoid this possibility, check the box to indicate that you do not want your aid continued, and send this page along with your hearing request. If you do check the box, the action described above will be taken on the effective date listed on the first page of this notice.

I agree to have the action taken on my PRIVATE DUTY NURSING as described in this notice, prior to the issuance of the fair hearing decision.

**Legal Assistance:** If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

**ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS**

To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file which you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

**INFORMATION**

If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us

**EXCEPTION CRITERIA  
FOR DISCONTINUANCE OF PRIVATE DUTY NURSING SERVICES**

The Office of Temporary and Disability Assistance official has determined that you do not meet any of the following exception criteria. If you disagree with this determination and you think that you meet at least one of the following exception criteria, you may ask for a State fair hearing. Please refer to the attached notice to learn how you may ask for a State fair hearing.

The exception criteria are as follows:

1. The recipient is not medically eligible for residential health care facility services or other long-term care services;
2. The private duty nursing services are most cost effective when compared to the cost of other long-term care services appropriate to the recipient's individual needs. In determining the cost-effectiveness of private duty nursing services or private duty nursing services provided in conjunction with home health services, recipients that would otherwise be placed in a general hospital shall have the cost of their private duty nursing services or private duty nursing services provided in conjunction with home health services compared to the cost of care in a general hospital for patients requiring extended medical intervention calculated based on the sum of the payments for diagnosis-related groups for such patients in all hospitals in the region as determined by the department, divided by the sum of the group mean lengths of stay for such diagnosis-related groups for all such hospitals, multiplied by 365 and further divided by 12. In determining the cost-effectiveness of private duty nursing services or private duty nursing services provided in conjunction with home health services, recipients that would otherwise be placed in an intermediate care facility for the developmentally disabled as determined by the Department in consultation with Office of Mental Retardation and Developmental Disabilities;
3. That the private duty nursing services recipient is employed; enrolled in an educational program approved by the committee on preschool special education, or the state board of regents; the parent of a dependent child; or permanently disabled and, in the absence of private duty nursing services, would remain hospitalized or require hospitalization on a long-term basis;
4. The private duty nursing services are appropriate for the recipient's functional needs and that institutionalization is contraindicated, based on a review of the recipient's medical case history, including a certified statement from the recipient's physician on a form required by the Department describing the potential impact of institutionalization which has been reviewed by a RHCF to determine if institutionalization would result in a diminishing of the recipient's ability to perform the activities of daily living;
5. The district determines in the event the recipient lives with someone who would require services in the recipient's absence, the district must determine that the cost for services for both persons, if either or both are institutionalized, would equal or exceed cost for continued private duty nursing services for the recipient and for services to such other person.

FISCAL ASSESSMENT WORKSHEET

ATTACHMENT 4

RECIPIENTS NAME \_\_\_\_\_ CLIENT ID # \_\_\_\_\_  
 DATE \_\_\_\_\_

PRIVATE DUTY NURS	DATES TO-FROM	COST PER HOUR/VISIT	HOURS OR VISITS	DAYS PER WK	COST PER WEEK	NUMBER OF WEEKS	ANNUAL COST
P.C. LEVEL I							
P.C. LEVEL II							
PRIVATE DUTY NURS							
H.H.A. SERVICES							
NURSING SERVICES							
PHYSICAL THERAPY							
SPEECH THERAPY							
OCCUPAT THERAPY							

TOTAL ANNUAL COST \_\_\_\_\_  
 DIVIDE BY - 12 \_\_\_\_\_  
 AVERAGE MONTHLY COST \_\_\_\_\_  
 90% RHCF \_\_\_\_\_

AMOUNT OVER 90% RHCF \_\_\_\_\_ AMOUNT UNDER 90% RHCF \_\_\_\_\_

Completed by: \_\_\_\_\_  
 County: \_\_\_\_\_

Date: \_\_\_\_\_  
 Phone No. ( ) \_\_\_\_\_

NOTICE OF REQUEST / AUTHORIZATION

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recipient Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medicaid ID # \_\_\_\_\_

- ( ) The above Medicaid recipient has requested Private Duty Nursing Services in the amount of \_\_\_\_\_ hours/day, \_\_\_\_\_ days/week at the rate of \$\_\_\_\_\_ per/hour. Fiscal Assessment is required. Please initiate your Fiscal Assessment process and upon completion, report whether services are authorized.
- ( ) The above Medicaid recipient has requested Private Duty Nursing Services. Fiscal Assessment has been completed and services are authorized for \_\_\_\_\_ hours/day, \_\_\_\_\_ days/week at the rate of \$\_\_\_\_\_ per/hour. Attached is the Fiscal Assessment Worksheet prepared by District office staff. Please complete your prior approval process.
- ( ) The above Medicaid recipient has requested Private Duty Nursing Services. Fiscal Assessment has been completed and services are NOT authorized. Attached is the Fiscal Assessment Worksheet and a copy of the Denial and Fair Hearing notices.

Date Request Received : \_\_\_\_\_

This Form Prepared by: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Date Prepared: \_\_\_\_\_

AVERAGE MONTHLY GENERAL HOSPITAL  
COSTS BY REGION AND DISTRICT

REGION	MONTHLY COSTS	DISTRICTS
WESTERN	\$22,810.07	Allegany, Cattaraugus, Chautauque, Erie, Genesee, Niagara, Orleans, Wyoming
LONG ISLAND	\$23,111.50	Nassau, Suffolk
NEW YORK CITY	\$33,925.53	Bronx, Kings, New York, Queens, Richmond
NORTH EASTERN	\$21,567.55	Albany, Clinton, Essex, Fulton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington, Hamilton
NORTH METROPOLITAN	\$21,131.98	Columbia, Delaware, Dutchess, Greene, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester,
UTICA	\$21,722.98	Franklin, Otsego, Herkimer, Lewis, Madison, Oneida, Oswego, St. Lawrence, Chenango
CENTRAL	\$25,151.24	Chemung, Schuyler, Steuben, Broome, Cortland, Onondaga, Tioga, Tompkins, Cayuga.
ROCHESTER	\$27,188.24	Livingston, Monroe, Ontario, Seneca, Wayne, Yates.
WATERTOWN	\$16,956.38	Jefferson

\* Chart revised using 1996 data.

AVERAGE MONTHLY ICF/DD RATES  
IN REGION BY DISTRICT

REGION	MONTHLY AMT	DISTRICT
REGION I	\$7,892.21	NEW YORK, BRONX, KINGS, QUEENS, RICHMOND
REGION II	\$7,337.41	PUTNAM, ROCKLAND, NASSAU, SUFFOLK WESTCHESTER
REGION III	\$7,178.03	INCLUDES ALL OTHER COUNTIES IN NYS

\* Chart revised using 1996 data.

COUNTIES AND REGIONS  
TO BE USED FOR RUGS

<u>REGION</u>	<u>COUNTIES IN REGION</u>
ALBANY	ALBANY, COLUMBIA, GREENE, MONTGOMERY, RENSSELAER, SARATOGA, SCHENECTADY SCHENARIE, FULTON.
BINGHAMTON	BROOME, TIoga
ERIE	CATTARAUGUS, CHAUTAUGUA, ERIE, NIAGARA, ORLEANS
ELMIRA	CHEMUNG, STEUBEN, SCHEYLER
QUEENS FALLS	ESSEX, WARREN, WASHINGTON
LONG ISLAND	MASSAU, SUFFOLK
ORANGE	CHEMANGO, DELAWARE, ORANGE, OTSEGO, SULLIVAN, ULSTER
NEW YORK CITY	BROMK, KINGS, QUEENS, RICHMOND, NEW YORK
POUGHKEEPSIE	DUTCHESS, PUTNAM
ROCHESTER	LIVINGSTON, MONROE, ONTARIO, WAYNE
CENTRAL RURAL	CAYUGA, CORTLAND, SENECA, TOMPKINS, YATES
SYRACUSE	MADISON, ONONDAGA
UTICA	HERKIMER, JEFFERSON, LEWIS, ONEIDA, OSWEGO
WESTCHESTER	ROCKLAND, WESTCHESTER
NORTHERN RURAL	CLINTON, FRANKLIN, HAMILTON, ST.LAWRENCE
WESTERN RURAL	ALLEGANY, GENESSEE, WYOMING

AVERAGE MONTHLY COST FOR RUGS  
 CATEGORY BY REGION

HEALTH RELATED RUGS

CA BA PA PB

ALBANY	2,726	2,705	2,306	2,928
BINGHAMTON	2,591	2,572	2,210	2,777
ERIE	2,545	2,526	2,160	2,727
ELMIRA	2,724	2,709	2,309	2,926
GLENS FALLS	2,569	2,552	2,161	2,762
LONG ISLAND	3,629	3,606	3,018	3,947
ORANGE	2,971	2,949	2,502	3,194
NEW YORK CITY	3,903	3,879	3,252	4,241
POUGHKEEPSIE	2,775	2,752	2,353	2,970
ROCHESTER	2,753	2,729	2,339	2,945
CENTRAL RURAL	2,526	2,507	2,168	2,699
SYRACUSE	2,919	2,899	2,484	3,135
UTICA	2,542	2,525	2,164	2,724
WESTCHESTER	3,411	3,384	2,866	3,680
NORTHERN RURAL	2,343	2,330	1,981	2,520
WESTERN RURAL	2,364	2,347	2,014	2,526



AVERAGE MONTHLY COST FOR RUGS  
 CATEGORY BY REGION

SKILLED NURSING RUGS

	RA	RB	SA	SB	CB	CC	CD	BB	BC	PC	PD	PE
ALBANY	4,125	4,477	4,031	4,418	3,492	3,715	4,236	3,245	3,600	3,245	3,471	3,855
BINGHAMTON	3,869	4,194	3,785	4,135	3,294	3,498	3,974	3,068	3,395	3,068	3,275	3,630
ERIE	3,819	4,138	3,732	4,090	3,239	3,444	3,918	3,015	3,336	3,015	3,220	3,566
ELMIRA	4,103	4,445	4,003	4,377	3,478	3,702	4,207	3,242	3,586	3,242	3,461	3,833
GLENS FALLS	3,876	4,208	3,788	4,138	3,290	3,499	3,982	3,062	3,394	3,062	3,273	3,635
LONG ISLAND	5,709	6,242	5,570	6,102	4,786	5,119	5,883	4,428	4,959	4,428	4,765	5,348
ORANGE	4,527	4,916	4,205	4,854	3,820	4,069	4,647	3,547	3,939	3,547	3,797	4,220
NEW YORK CITY	6,116	6,684	5,968	6,536	5,134	5,489	6,302	4,753	5,317	4,753	5,111	5,732
POUGHKEEPSIE	4,187	4,548	4,097	4,488	3,551	3,775	4,303	3,299	3,661	3,299	3,528	3,921
ROCHESTER	4,124	4,469	4,034	4,428	3,499	3,717	4,232	3,253	3,603	3,253	3,475	3,851
CENTRAL RURAL	3,725	4,031	3,648	3,979	3,185	3,376	3,824	2,972	3,279	2,972	3,167	3,501
SYRACUSE	4,385	4,758	4,288	4,683	3,728	3,961	4,505	3,470	3,844	3,470	3,708	4,115
UTICA	3,797	4,110	3,709	4,055	3,228	3,429	3,894	3,009	3,325	3,009	3,210	3,551
WESTCHESTER	5,244	5,712	5,124	5,622	4,421	4,713	5,395	4,098	4,566	4,098	4,395	4,906
NORTHERN RURAL	3,548	3,847	3,461	3,787	3,002	3,198	3,640	2,796	3,097	2,796	2,988	3,314
WESTERN RURAL	3,516	3,803	3,436	3,765	2,989	3,175	3,604	2,786	3,076	2,786	2,971	3,282

\* Chart revised using 1996 data.

RUG CATEGORIES

RUG CATEGORY

ABBREVIATION

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HEALTH RELATED RUGS

Clinically Complex A  
Behavioral A  
Reduced Physical Functioning A  
Reduced Physical Functioning B

CA  
BA  
PA  
PB

SKILLED NURSING RUGS

Rehabilitation A  
Rehabilitation B  
Special Care A  
Special Care B  
Clinically Complex B  
Clinically Complex C  
Clinically Complex D  
Behavioral B  
Behavioral C  
Reduced Physical Functioning C  
Reduced Physical Functioning D  
Reduced Physical Functioning E

RA  
RB  
SA  
SB  
CB  
CC  
CD  
BB  
BC  
PC  
PD  
PE

## AVERAGE HOME HEALTH SERVICES RATES

COUNTY	NURSING	PHYSICAL THERAPY	SPEECH PATHOLOGY	OCCUPA- TIONAL THERAPY	HOME HEALTH AIDE PER HOUR	HOME HEALTH AIDE PER VISIT
ALBANY	75.39	71.64	80.20	70.04	19.31 hr	
ALLEGANY	54.59	67.95	83.07	0.00	17.11 hr	
BROOME	60.57	69.25	71.58	69.21	16.06 hr	
CATTARAUGUS	52.78	79.26	83.07	78.90	22.19 hr	
CAYUGA	68.78	70.08	73.41	62.01	21.00 hr	
CHAUTAUGUS	67.27	85.94	83.89	84.87	17.08	
CHEMUNG	72.99	69.83	74.79	56.13	17.27 hr	
CHEMUNGO	62.09	68.86	0.00	0.00	19.28 hr	
CLINTON	82.37	64.61	78.90	76.49	18.29 hr	
COLUMBIA	84.96	79.26	83.07	78.90	22.19 hr	
CORTLAND	75.18	55.85	69.54	69.81	17.65 hr	
DELAWARE	64.46	76.32	77.37	75.96	0.00	30.93
DUTCHESS	69.66	70.27	70.59	70.08	14.94 hr	45.57
ERIE	73.45	68.09	57.71	58.19	16.38 hr	48.48
ESSEX	76.38	71.25	74.67	70.92	17.84 hr	
FRANKLIN	76.87	77.88	83.07	78.90	18.11 hr	
FULTON	70.34	72.91	79.37	75.45	19.51 hr	
GENESSEE	70.51	69.45	76.60	61.78	20.46 hr	

\* Rates are per visit unless otherwise specified

COUNTY	NURSING	PHYSICAL THERAPY	SPEECH PATHOLOGY	OCCUPATIONAL THERAPY	HOME HEALTH AIDE PER HOUR	HOME HEALTH AIDE PER VISIT
GREENE	72.47	69.59	60.04	61.84	16.69 hr	
HAMILTON	82.44	76.91	0.00	0.00	21.53 hr	
HERKIMER	43.20	50.45	32.95	40.95	12.96 hr	
JEFFERSON	66.72	65.27	76.63	57.15	19.01 hr	
LEWIS	67.41	74.35	0.00	0.00	00.00	41.15
LIVINGSTON	63.28	56.03	78.08	60.96	0.00	39.44
MADISON	47.81	61.68	52.22	55.71	16.56 hr	
MONROE	74.43	78.06	73.96	73.88	16.49 hr	
MONTGOMERY	71.04	80.84	76.53	79.53	18.40 hr	
NASSAU	91.87	78.11	77.68	74.14	19.88 hr	73.89
NIAGARA	83.99	61.83	67.90	66.11	0.00 hr	54.14
ONEIDA	53.88	56.79	51.97	57.36	15.66 hr	
OSWEGO	62.24	69.22	50.15	53.28	16.72 hr	
ONTARIO	72.06	76.01	73.69	73.73	19.17 hr	
ORANGE	76.70	73.92	70.05	66.42	19.14 hr	
ORLEANS	79.99	56.54	0.00	64.28	18.69 hr	
OSWEGO	71.98	72.24	62.40	69.60	18.67 hr	
OTSEGO	65.71	68.82	29.74	28.65	18.84 hr	
PUTNAM	94.43	113.44	89.25	0.00	20.90 hr	

\* Rates are per visit unless otherwise specified \* Chart revised using 1996 data.

COUNTY	NURSING	PHYSICAL THERAPY	SPEECH PATHOLOGY	OCCUPATIONAL THERAPY	HOME HEALTH AIDE PER HOUR	HOME HEALTH AIDE PER VISIT
RENSSELAER	54.40	61.58	63.38	59.55	18.77 hr	
ROCKLAND	122.39	111.54	105.00	115.20	23.03 hr	
ST. LAWRENCE	56.11	66.88	71.15	71.72	19.32 hr	
SARATOGA	75.18	70.56	81.69	75.11	20.31 hr	
SCHENECTADY	68.74	67.86	64.98	66.11	19.12 hr	
SCHENARIE	71.70	59.49	58.46	58.42	18.73 hr	
SCHUYLER	50.55	62.36	72.48	59.32	20.39 hr	
SENECA	80.84	67.44	79.04	75.06	21.11 hr	
STUBBEN	76.53	59.66	75.80	68.03	20.25 hr	
SUFFOLK	94.23	82.03	59.81	70.50	19.06 hr	69.20
SULLIVAN	76.89	75.14	79.14	70.75	21.14 hr	
TIOGA	65.91	67.51	70.76	67.21	18.89	
TOMPKINS	70.31	56.39	63.03	57.31	19.61 hr	
ULSTER	73.82	66.61	67.12	53.10	18.88 hr	46.16
WARREN	53.60	67.65	71.23	68.26	21.21 hr	
WASHINGTON	70.06	66.43	65.80	70.46	20.44 hr	
WAYNE	72.17	67.31	70.56	67.01	18.84 hr	
WESTCHESTER	97.31	77.58	82.07	79.11	20.57 hr	56.20
WYOMING	84.96	55.00	73.56	78.90	20.61 hr	
YATES	57.39	75.22	0.00	74.87	21.06 hr	
NEW YORK CITY	84.12	72.96	67.82	67.44	15.66 hr	

AVERAGE HOURLY PERSONAL CARE RATES

Chart revised using 1996 data.

COUNTY	RATE	COUNTY	RATE
ALBANY	12.52	NIAGARA	12.91
ALLEGANY	12.86	ONEIDA	12.68
BROOME	13.45	OSWEGO	14.26
CATTARAUGUS	12.73	ONTARIO	14.39
CAYUGA	13.67	ORANGE	13.38
CHAUTAUQUE	11.07	ORLEANS	10.60
CHEMUNG	12.92	OSWEGO	13.60
CHEMUNGO	12.30	OTSEGO	12.77
CLINTON	13.60	PUTNAM	14.16
COLUMBIA	12.61	RENSSELAER	13.04
CORTLAND	12.94	ROCKLAND	12.92
DELAWARE	13.90	SARATOGA	13.82
DUTCHESS	13.86	SCHENECTADY	13.38
ERIE	11.67	SCHENARIE	13.07
ESSEX	13.27	SCHUYLER	17.14
FRANKLIN	13.07	SENECA	14.65
FULTON	13.01	STUBEN	13.52
GENESEE	11.64	ST. LAWRENCE	12.15
GREENE	11.00	SUFFOLK	13.00
HAMILTON	15.03	SULLIVAN	12.39
HERKIMER	11.56	TIOGA	13.06
JEFFERSON	11.81	TOMPKINS	14.61
LEWIS	13.65	ULSTER	13.76
LIVINGSTON	14.09	WARREN	13.50
MADISON	17.22	WASHINGTON	14.06
MONROE	14.01	WAYNE	14.52
MONTGOMERY	12.99	WESTCHESTER	13.21
NASSAU	13.02	WYOMING	12.86
NEW YORK CITY	11.34	YATES	16.69

(MODEL)

AGREEMENT FOR HOSPICE REFERRAL

BETWEEN

\_\_\_\_\_ COUNTY DEPARTMENT OF SOCIAL SERVICES

AND

\_\_\_\_\_

This agreement is between the \_\_\_\_\_ County Department of Social Services having its principal office at \_\_\_\_\_ and \_\_\_\_\_, a hospice established under Article 40 of the Public Health Law, having its principal office at \_\_\_\_\_.

WITNESSETH

WHEREAS, according to Social Services Law 367-k and 505.14, each social services district must have a written agreement with every hospice which is available in the district and,

WHEREAS, such agreement must contain procedures for notifying and referring Medical Assistance (MA) recipients to any such hospice,

NOW, THEREFORE, the \_\_\_\_\_ County Department of Social Services, (the "DISTRICT"), and \_\_\_\_\_, (the "HOSPICE"), agree that:

FIRST: The DISTRICT must designate a DISTRICT representative to function as liaison between the DISTRICT and the HOSPICE named in this Agreement.

SECOND: The DISTRICT must identify those MA recipients it reasonably expects are appropriate for hospice services. Such identification shall be based on the recipient's medical diagnosis and prognosis as determined and verified by the recipient's primary physician on forms utilized in the DISTRICT's personal care services program.

THIRD: The DISTRICT must, unless medically contraindicated by the recipient's physician, notify the recipient, and/or the recipient's primary caregiver when appropriate, of the availability of hospice services.

FOURTH: When the recipient, or the recipient's primary caregiver, agrees to a referral to the HOSPICE, the DISTRICT will initiate the referral.

FIFTH: The referral must contain:

- A. The name and address of the recipient and the recipient's primary caregiver, if any, and;
- B. A copy of the physician's order.

SIXTH: The HOSPICE must conduct an assessment based on the rules and regulations of its governing body and in accordance with Department of Health regulations.

SEVENTH: The HOSPICE must, following the assessment, inform the DISTRICT of the results of the assessment.

EIGHTH: The responsibility for case management of any recipients eligible for and accepted into the hospice program must be assumed and retained by the HOSPICE.

NINTH: If, following acceptance into the hospice program, the recipient's needs are such that supplemental services may be provided under the MA program, the HOSPICE and the DISTRICT will complete a joint assessment. Should such supplemental services be appropriate, the HOSPICE must continue to retain case management responsibility.

IN WITNESS WHEREOF, the parties have executed this Agreement.

\_\_\_\_\_ COUNTY  
DEPARTMENT OF SOCIAL SERVICES

DATE: \_\_\_\_\_

BY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

BY: \_\_\_\_\_



Part III: If either section A. or B. has not been completed, this form will be returned to the physician.

Section A.

I do not believe that the patient's ability to perform ADLs would diminish as a result of the patients placement in a RHC

Section B.

I do believe the patient's ability to perform the following ADLs would diminish as a result of his/her placement in a RHC

	ACTIVITY OF DAILY LIVING (ADL)	DESCRIPTION OF THE IMPACT OF PLACEMENT ON EACH ACTIVITY OF DAILY LIVING (ADL)
<input type="checkbox"/>	EATING/DRINKING	
<input type="checkbox"/>	TOILETING	
<input type="checkbox"/>	TURNING/POSITIONING	
<input type="checkbox"/>	MOBILITY	
<input type="checkbox"/>	TRANSFERRING	
<input type="checkbox"/>	BATHING	
<input type="checkbox"/>	GROOMING	
<input type="checkbox"/>	DRESSING	

Note: ( If additional space is needed to describe the impact of RHC placement on the patient's ADLs, please submit as an attachment.)

Physician's Certification Statement:

I certify that in my professional judgment, the information provided above is an accurate description of the impact of residential health care facility placement on this patient's ability to perform the activities of daily living. I understand that this certification statement is subject to the New York State Department of Social Services Regulations at Parts 515, 516, 517 and 518 of Title 18 NYCRR, which permit the Department to impose monetary penalties on, or sanction and recover overpayments from providers or prescribers of medical care, services or supplies, when medical care, services or supplies that are unnecessary, improper or exceed the patient's documented medical condition are provided or ordered.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



COUNTY	LPM	LPM PREMIUM	RM	RM PREMIUM
OTSAGO	19.60	*****	24.75	*****
PUTNAM	24.00	*****	29.00	*****
RENSSELAER	20.00	22.00	25.00	26.00
ROCKLAND	19.00	21.00	23.00	28.00
ST. LAWRENCE	15.75	*****	22.10	*****
SARATOGA	20.00	23.00	24.00	27.00
SCHENECTADY	21.00	23.00	25.00	29.00
SCHWARZ	19.00	22.00	24.00	26.00
SCHUYLER	22.00	23.00	26.00	29.00
SENECA	20.00	23.67	25.00	27.50
STROEN	20.00	23.00	25.00	*****
SUFFOLK	21.00	31.00	27.00	35.00
SULLIVAN	20.50	26.00	24.50	30.00
TIOGA	22.25	*****	25.50	*****
TOMPKINS	20.00	*****	24.00	29.00
ULSTER	20.00	*****	23.50	*****
WARREN	19.90	*****	23.00	*****
WASHINGTON	19.00	*****	23.00	*****
WAYNE	19.97	*****	24.00	*****
WESTCHESTER	24.00	28.00	30.00	32.00
WYOMING	19.00	*****	24.00	*****
YATES	20.00	24.00	23.50	28.00

\* Chart revised using 1996 data.

AVERAGE HOURLY PRIVATE DUTY NURSING FEES

COUNTY	LPN	LPN PREMIUM	RN	RN PREMIUM
ALBANY	19.00	21.00	23.00	25.00
ALLEGANY	20.00	21.53	25.00	25.00
BROOME	19.00	22.00	23.00	27.00
CATTARAUGUS	21.00	24.00	26.00	29.00
CAYUGA	21.00	24.00	25.00	28.00
CHAUTAUQUA	20.16	*****	25.43	*****
CHEMUNG	18.00	*****	23.00	28.00
CHEMUNGO	19.00	22.00	23.00	26.00
CLINTON	17.28	*****	22.00	*****
COLEMAN	20.00	24.00	24.75	27.00
CORTLAND	20.00	*****	23.00	*****
DELANWARE	20.00	23.00	24.00	*****
DUTCHESS	21.70	*****	26.40	*****
ERIE	19.39	24.00	25.48	29.00
ESSEX	12.00	*****	16.00	*****
FRANKLIN	15.75	*****	22.10	*****
FULTON	19.33	22.50	23.50	27.50
GENESSEE	19.00	24.00	23.45	29.00
GREENE	21.00	*****	24.50	*****
HAMILTON	*****	*****	*****	*****
Herkimer	20.00	23.00	24.00	27.00
JEFFERSON	18.00	22.00	20.00	25.00
LEWIS	20.00	22.00	24.00	*****
LIVINGSTON	20.00	25.00	22.00	26.50
MADISON	19.00	22.00	23.00	25.00
MONROE	20.26	25.17	24.30	30.40
MONTGOMERY	19.00	21.00	23.00	25.00
NASSAU	21.00	27.00	26.00	33.00
NEW YORK	23.00	*****	27.00	*****
NIAGARA	19.00	*****	24.00	*****
ONEIDA	21.00	23.00	25.00	28.00
ONONDAGA	19.50	22.50	22.50	27.00
ONTARIO	21.00	24.00	25.00	30.00
ORANGE	23.50	*****	28.00	*****
ORLEANS	19.00	24.00	22.00	29.00
OSWEGO	21.00	24.00	25.00	28.00