

MSC E-VISORY

Issue #18-10

June 14, 2010

State of New York Office of Mental Retardation and Developmental Disabilities
Diana Jones Ritter, Commissioner
Distributed by: Division of Policy and Enterprise Solutions
Gary Lind, Deputy Commissioner

The MSC E-Visory is an electronic advisory distributed to MSC Supervisors. Each issue provides pertinent and timely information about programs and services available to individuals receiving MSC. Announcements about MSC training, conferences and meetings appear regularly. **MSC Supervisors: Please forward this issue to all MSC Service Coordinators and others as appropriate.**

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In this issue:

Materials for Statewide MSC Supervisors Video Conference – June 17, 2010

Materials for the MSC Supervisors Video Conference to be held on June 17, 2010 are separately attached to this e-visory. Handouts will not be distributed at the training.

Topics include:

- Annual DOH ISP Audit: 2007-2008 Results
- New Medicaid Application
- New Intensive Behavioral Services
- Aging Services for Individuals with Developmental Disabilities
- HIPAA HITECH

MSC Supervisors can earn 2 1/2 hours of professional development credits. The video conference is being broadcast to multiple DDSO sites in the morning and repeated to multiple DDSO sites in the afternoon. This should provide the opportunity for all MSC Supervisors working for a voluntary agency or for a DDSO to participate in either a morning or afternoon session.

MSC Supervisors Video Conference

June 17, 2010



Agenda - AM

- 9:30-10:00 Annual DOH ISP Audit
2007-2008 Results
- 10:00-10:30 New Medicaid Application
- 10:30-11:00 Intensive Behavioral Services
- 11:00-11:30 Aging Services for Individuals
with Developmental Disabilities
- 11:30-12:00 HIPAA HITECH

Agenda - PM

- 1:00-1:30 HIPAA HITECH
- 1:30-2:00 Aging Services for Individuals
with Developmental Disabilities
- 2:00-2:30 Intensive Behavioral Services
- 2:30-3:00 New Medicaid Application
- 3:00-3:30 Annual DOH ISP Audit
2007-2008 Results

Annual DOH ISP Audit
2007-2008 Results

Presented by:
Eric Pasternak
OMRDD Waiver Unit
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518 474-5647

Annual ISP Audit 2007-2008 Results

Each year, in conjunction with the **New York State Department of Health**, OMRDD conducts an audit of Individualized Service Plans. This audit is done as part of our assurance to Medicaid that our plans of care and the services provided under our HCBS Waiver meet certain quality standards.

An audit sample of 210 individuals is drawn and MSC Vendors serving those individuals during the audit period are asked to submit ISPs and other documentation including Habilitation Plans and Level of Care forms to their DDSO. The records are then reviewed by staff at OMRDD Central Office and the Department of Health. Often times, additional information is requested from the MSC Vendor to explain or clarify questions that come up during the review. Audit years run from October 1 to September 30.

The audit for **2007 to 2008** was recently closed and our final overall approval rate was **97%**. The Service Coordinators, MSC Vendor agencies and DDSO staff who were involved in this audit are to thank for this excellent result. The wide majority of ISPs were found to be person centered and reflective of an individualized approach to service delivery.

In the course of the audit a number of issues were discovered that required remediation. These are listed below. For the most part, the issues identified were not found to be systemic or pervasive through our system of delivery. Most of the issues listed below occurred in a limited number of cases and are listed here to serve as reminders of best practices already being carried out across the state.

1. A few ISPs were not reviewed within required time frames. Be sure to review the ISP within the six month timeframe.
2. Some ISPs lacked proper signatures. One ISP even lacked the Service Coordinator's signature. Quality standards require all four signatures be included on the ISP (or a note that the person cannot sign, or that s/he is a self advocate). Fiscal standards only require the MSC signature for the ISP to be effective. All signatures must be accompanied by a 3-Part Date: MM/DD/YY.
3. If an individual has private insurance this information should be listed in the ISP in the "other" section. Insurance is a resource to the person and the ISP in capturing the person's service environment should identify all supports and resources a person may have available to them.
4. In several instances the listed "frequency" of service did not match actual service delivery. This happened mostly in the case of AHRH where the ISP listed the person's actual res hab schedule or approved hours under "frequency". All that should be listed as frequency for AHRH is "Hour".
5. Some Documentation of Choices forms were not signed by the DDSO. OMRDD staff have relayed to DOH that signed Documentation of Choices forms may not be available in the MSC record for every individual since some DDSOs file the form on their premises after signing and do not return the form to the MSC once it is signed.
6. The frequency of state plan services should reflect what the person actually needs. If a person requires a state plan service as needed the frequency should be "as needed". If the service is required annually the frequency should state "annually".
7. Major incidents in a person's life should be noted in the ISP, especially if it causes a change in the person's support needs. There were a few instances where a person was hospitalized or

had a major life change that affected their support needs and there was no mention in the subsequent ISP.

8. Hab Plan and ISP information should reflect individualized services. It should never be obvious that information was copied from one person's plan to another.
9. Level of Care must be redetermined annually and the LCED forms must be kept in the MSC record. In two instances the LCED was either out of date or absent.
10. There were several instances where an emod was not listed in the ISP. In all cases the individual lived in an IRA. Emods must be reflected in the ISP to receive Medicaid funding.
11. In one instance it was discovered that a DME (Durable Medical Equipment) provider was erroneously billing the person's Medicaid for equipment the person did not need or receive. This has been referred to the Inspector General's Office. The ISP and record itself was approved as this is not an error in the ISP but it bears reminding here that if DME (or other similar items) is needed by an individual, the need should be clearly identified in the ISP; billings should match the need identified in the ISP.
12. There were three instances where the MSC vendor erroneously billed at the enhanced rate code. MSC billing must be billed under the correct code; the individual must meet certain requirements for an agency to bill the enhanced rate code.
13. One instance where an MSC Vendor billed while the person was hospitalized past thirty days. MSC agencies cannot bill for services provided to an individual who is in the hospital for more than 30 days.
14. There were a few instances where the LCED did not match the ISP. For example the LCED declares the person has no mobility deficit yet the ISP profile states the person is non-ambulatory and requires the use of a wheelchair. All deficits should be noted in the LCED form; this information should not conflict with what is written in the individual's ISP.
15. All safeguards (especially fire safety) should be consistent with the person's ability. There must be a current and reasonable assessment of the person's ability to evacuate in the event of a fire emergency. This information should be listed in the safeguards section of the ISP or attached IPOP if person lives in an IRA.
16. There was one instance where a person had a drug allergy that was not noted in the safeguards. Allergies should be listed in the safeguard section of the ISP or attached IPOP for IRA.
17. There were several instances where state plan services were delivered (according to Medicaid billing) but the service was not listed in the ISP. The ISP should capture the person's entire Individualized Service Environment which includes listing all services the person receives. All Medicaid billing should have a corresponding notation in the ISP.

Any questions or comments regarding this information, or the audit in general, may be directed to **Eric Pasternak**, OMRDD Waiver Unit, at **(518) 474-5647** or eric.pasternak@omr.state.ny.us.

Thanks again to the Services Coordinators, MSC Vendor Agencies, and DDSO staff for your help not only in making this audit another success but for all you do each day for the people we serve.

Elimination of Face to Face and NEW Medicaid Application

Presented by
Amy Murrisky & Marge Ciaccio
OMRDD, Field Operations

Elimination of the Face to Face Interview

- Effective April 1, 2010, the personal interview (face to face interview) eliminated for Medicaid and Family Health Plus applicants
 - Including applicants for MBI-WPD
- Simplify the application process and eliminate barriers for people in obtaining public health insurance

Elimination of the Face to Face Interview

- No interview required
- Applicants to either mail in or drop off, the applications with supporting documentation
- Application assistance available
- CALL the Medicaid office first!

Elimination of the Face to Face Interview

Documentation of citizenship and identity:

- Original copy or Certified copy
- Memorandum of Understanding (MOU) with a community entity
 - Examples: hospitals, physicians offices, senior centers, town clerks, outreach sites and locations where facilitated enrollers exist

Elimination of the Face to Face Interview

Documentation of citizenship and identity:

- Local Medicaid districts are responsible for informing applicants, where they can take original documents to be reviewed and copied
- Individuals receiving Social Security Disability Insurance, SSI payments or Medicare are exempt from this requirement

Elimination of the Face to Face Interview

Letter of HCBS Waiver Introduction

- Send with the application when an individual is requesting waiver services
- If you need a copy of the introduction letter, contact your local RSFO
- Local Medicaid district will not consider parental income or resources

New Medicaid Application

- Access New York Healthcare (DOH 4220)
- Used for Medicaid, Family Health Plus, Child Health Plus
- Common Application form (green and white) can still be used if individuals are applying for Medicaid and temporary assistance

New Medicaid Application

What's New?

- Questions about resources have been removed from the application
- Allows an applicant to identify another person who should receive copies of notices, apply and renew Medicaid, discuss his/her application

New Medicaid Application

What's New?

- Contains an icon throughout the application to inform applicants when to include documentation
- Section F "Blind, Disabled, Chronically Ill or Nursing Home Care" prompts applicants to complete Supplement A

New Medicaid Application

Section I- Health Plan Selection

- Must be completed for people eligible for Family Health Plus or Child Health Plus
- Persons enrolled in the HCBS Waiver are exempt from mandatory enrollment in Medicaid Managed Care

New Medicaid Application

Supplement A

- Contains questions about resources
- Persons seeking Medicaid coverage for HCBS Waiver services must document current resources
- Individuals placed in Intermediate Care Facilities, Developmental Centers and Nursing Homes must document resources for up to 60 months

New Medicaid Application

Supplement A continued

Section B

- 1) Are you chronically ill?
- 2) Are certified blind by the Commission for the Blind and Visually Handicapped?
- 3) If you are disabled and working, are you interested in applying for the MBI-WPD program?

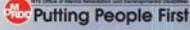
New Medicaid Application

Supplement A continued

- Section G-I must be completed for persons seeking ICF or DC care
- Persons requesting waiver must leave these sections blank

Questions

?

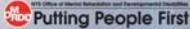
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Intensive Behavioral Services

Jill Pettinger & Anne Swartwout

May and June 2010

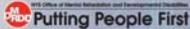
1

 Putting People First

Background

- Originally this service was to be rolled out with the At Home Residential Habilitation changes
- Now IB Services is a separate and distinct service

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 Putting People First

Desired Outcomes for Individuals

- To live safely and as independently as possible in the home of their choice
- To have the skills and/or supports needed to prevent and/or manage behavioral episodes when they occur

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Desired Outcomes for Agencies

- The ability to provide services to individuals with severe behavioral issues within their home setting which they have previously been unable to do

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Desired Outcomes for OMRDD

- Address an individual's behavioral needs before they access more expensive crisis services (e.g. hospitals, psychiatric centers)
- Prevent individuals from having to move to more restrictive and more costly residential settings

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Key Elements Cont.

- IB Services are time limited
- Funding is only provided for up to six months for an individual

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Service Doc. Requirements

- Two units of service
 - Product Fee: completion of the Functional Behavioral Assessment and Behavior Management Plan
 - Hourly Fee: Implementation of the Behavior Management Plan

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Reimbursable Services

- Product Fee
 - Reviewing records and evaluations
 - Conducting relevant assessments
 - Collecting data
 - Communicating with other professionals
 - Communicating with the individual, family, or others
 - Writing the FBA and BMP

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Reimbursable Services Cont.

- Hourly Fee
 - Training of the primary caregiver or AHRH staff on behavioral supports and interventions
 - Training the individual on behavioral supports and strategies

*Must be specified in the BMP

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Reimbursable Services Cont.

- Hourly Fee
 - Monitoring the implementation of the BMP:
 - Observing the individual, family or AHRH staff
 - Following up as to effectiveness of the supports and interventions
 - Updating the BMP
 - Transition planning

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Service Doc. Requirements

- MSC's should receive a copy of the Behavior Management Plan to attach to the ISP.
- When the MSC is conducting a face-to-face visit and the IB Services staff are present, that time is countable toward billing for IB Services

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Guidance on best practices for behavioral interventions

- Positive behavioral approaches, strategies and supports are the cornerstone
- Establishing or increasing adaptive behaviors (a.k.a. replacement behaviors) as well as decreasing frequency/intensity of challenging behaviors is primary goal of intervention

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Positive behavioral approaches, strategies, and supports cover a range of possibilities:

- Need to be individually determined
- Based on results of Functional Behavioral Assessment
- Progress from least restrictive or intrusive strategies to those that are more restrictive or intrusive only as warranted based on level of risk behavior presents to self or others
- Behavior Management Plan provides direction on "what to do", "how to do", and "when to do" the specific approaches, strategies, and supports described in the plan

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Service Doc. Requirements

- ISP
 - Category of Waiver Service: Intensive Behavioral Services
 - Identification of your agency
 - Frequency: Product/Hourly
 - Duration: Time Limited
 - Effective Date: Prior to or on the first date of service

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Individual Authorization

- Service available only to OMRDD HCBS waiver enrolled individuals
- Individuals must live in a non-certified setting or a Family Care home
- Individuals must be authorized by the DDSO
- Individuals must present with substantial challenging behaviors that put them at imminent risk of placement into a more restrictive living environment

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Individual Authorization Cont.

- Written documentation that substantiates that the individual is at imminent risk of placement in a more restrictive setting includes:
 - a completed application that is on file with the DDSO that is requesting placement in a certified residential setting and/or
 - enrolled in NYS CARES Registry with a residential service need that needs to be met in less than 2 years

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Individual Authorization Cont.

- Normal DDSO process
- **PLUS:**
 - Two page IB Services Application
 - A DDP2 that has been completed in the last six months
 - Any clinical or relevant documentation

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Office of Mental Retardation and Developmental Disabilities Intensive Behavioral Services Application Form

If the participant is not enrolled in the HCBS Waiver, contact your local DDSO first.

Please answer the following questions for the individual that is to receive Intensive Behavioral Services. You must sign and date the form before submission. Submit the completed application to your liaison at your local DDSO or Region 2 office in New York City. With this completed form you should also submit the CAANS-DD and any other supporting materials (see questions #7 & #8).

Date: _____

Initial Application

Reauthorization Application. Explain (include dates): _____

SECTION I

Name of person completing the application: _____

Affiliation (e.g. agency name): _____

phone number: _____

E-mail Address: _____

SECTION II

Individual's Name: _____ Individual's Date of Birth: _____ Individual's TABS ID: _____

Individual's address: _____ City: _____ Zip Code: _____

Is the Individual Waiver Enrolled? Yes No Individual's CIN #: _____

Note: The individual must be waiver enrolled to receive IB services.

List the individual's school, if they are attending one: _____

SECTION III

1. What is the individual's living arrangement?

- Lives with family Lives in a Family Care Home Lives with roommates
 Lives by him/herself Other: _____

2. What OMRDD services does the individual receive, if any?

- Group Day Habilitation Supported Employment Supplemental Group Day Habilitation
 Prevocational Services Family Support Services Supplemental Individual Day Habilitation
 Family Education Training Individual Day Habilitation At Home Residential Habilitation
 Respite Individual Support Services
 Other Services: _____

3. What clinical services does the individual receive, if any?

- Social Work Occupational Therapy Physical Therapy
 Psychology Speech Therapy
 Other Clinical Services: _____

Individual's Name: _____

4. What other services does the individual receive, if any? These services may include ones that the individual receives through another governmental agency (e.g. Department of Health or the individual's county of residence).

5. List any medications that the individual is currently taking?

6. Provide a brief narrative of the individual's behavior that would be addressed through Intensive Behavioral Services. Also describe how the individual's behavior(s) have put the individual at imminent risk of losing his/her current residence. (If this is for a reauthorization, explain in greater detail why the individual needs continued IB services.

7. What other supporting materials (if available) are being submitted?

- Clinical records
- Educational records
- Other psychosocial history records
- Previously completed Functional Behavioral Assessment(s)
- Previously completed Behavioral Plan(s)
- Describe any other materials:

8. Include documentation that substantiates that the individual is at risk of imminent placement in a more restrictive living environment due to behavioral episodes.

Signature of person completing the form: _____ Date: _____

David A. Peterson
Secretary

Stacy Jones Miller
Commissioner

OMRDD NYS Office of Mental Retardation & Developmental Disabilities
Putting People First

HITECH Act
HIPAA Privacy and Security Rules Go HiTest

MSC Supervisors Briefing
June 17, 2010

OMRDD NYS Office of Mental Retardation & Developmental Disabilities
Putting People First

Health Information Technology for Economic and Clinical Health
(HITECH)

Background

- OMRDD is a covered entity required to comply with the requirements of the HIPAA Privacy and Security Rules
- On February 17, 2010, additional federal requirements are enforceable against covered entities as a result of the HITECH Act, the Health Information Technology for Economic and Clinical Health Act, Title XIII of the American Recovery and Reinvestment Act of 2009.

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Health Information Technology for Economic and Clinical Health
(HITECH)

HITECH Highlights

- Amends HIPAA to include breach reporting and notification requirements;
- Significantly increases civil and criminal penalties for violations, extends them to individuals and business associates;
- Enhances state and federal enforcement capabilities;
- Expands the scope of HIPAA provisions directly applicable to Business Associates


Putting People First
Health Information Technology for Economic and Clinical Health
(HITECH)

HIPAA ReVue

2003 Privacy Rule requires:

- Development of policy for use and disclosure of PHI/clinical information and to assure individual rights
- Implementation of appropriate safeguards for protecting PHI/clinical information
- Train Workforce


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Health Information Technology for Economic and Clinical Health
(HITECH)

HIPAA ReVue- 2003 Privacy

- Issue Privacy Notices
- Use of Business Associate Agreements
- Train new workforce members
- OMRDD Privacy Officer and DDSO Privacy Liaisons


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(HITECH)

HIPAA ReVue-2003 Privacy

- Clinical information under Mental Hygiene Law is Protected Health Information (PHI) under HIPAA
- State or federal rule providing greater confidentiality or greater access to individual will prevail


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HIPAA ReVue-2003 Privacy

- No consent required for uses and disclosures of PHI for treatment, payment and health care operations
- With some exceptions, individual's written authorization required for all other disclosures
- Use of OMRDD authorization form


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Health Information Technology for Economic and Clinical Health (HITECH)

HIPAA ReVue-2003 Privacy

Minimum Necessary Rule- "need to know"

- Limit use and disclosures of PHI to amount necessary to perform job functions
- Exceptions: provider use for treatment purposes, disclosures to individuals and disclosures required by law


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Health Information Technology for Economic and Clinical Health (HITECH)

HIPAA ReVue- 2003 Privacy

Safeguards:

- Use file covers, locked filing cabinets and locked record rooms;
- Avoid posting PHI, public conversations identifying individuals, leaving worksite with PHI;
- Use, but don't share, computer passwords;
- *Do Not* use internet email for unsecured PHI


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Health Information Technology for Economic and Clinical Health
(HITECH)

HIPAA ReVue

2005 Security Rule requires Safeguards to protect Electronic PHI (ePHI):

- **C** Confidentiality of ePHI;
- **I** Integrity of ePHI; and
- **A** Accessibility of ePHI


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Health Information Technology for Economic and Clinical Health
(HITECH)

HIPAA ReVue

- 2005 Security Rule provides far more comprehensive implementation specifications than the Privacy Rule
- Standards include “required” and “addressable” specifications for security


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Health Information Technology for Economic and Clinical Health
(HITECH)

HiTest HITECH- 2009

- Amends HIPAA to include breach reporting and notification requirements;
- Significantly increases civil and criminal penalties for violations, extends them to individuals and business associates;
- Enhances state and federal enforcement capabilities;
- Expands the scope of HIPAA provisions directly applicable to Business Associates

 **Putting People First** Health Information Technology for Economic and Clinical Health
(HITECH)

HITECH Business Associates

- Now subject to direct fines for HIPAA violations
- Must comply with all administrative, physical and technical safeguards under the HIPAA Security Rule for e-PHI
- Must report breaches covered by the new notification rules and provide necessary information to the covered entity
- Must document policies and procedures for safeguarding PHI
- Must cure or report (to HHS) any known pattern of activity or practice by a covered entity that breaches the BAA or terminate the BAA
- BA Agreements must be updated to reflect HITECH changes

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(HITECH)

OMRDD BA Agreement Update

- Revised OMRDD Business Associate Agreement to reflect HITECH changes
- Shared new BAA and materials with DDSO Business Officers, reviewed changes in conference call
- Distribution of new BAA for re-execution
- *Who is a Business Associate?*

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(HITECH)

Additional HITECH Changes

- Covered Entity *must* comply with individual's request to restrict use or disclosure for payment or health care operations purposes when PHI pertains to service paid in full and out of pocket by individual

(prior to HITECH, CEs must consider, but not necessarily comply with, such requests)

 **Putting People First** HHS Office of Medical Rehabilitation and Development Policy Office

Health Information Technology for Economic and Clinical Health
(HITECH)

Additional HITECH Changes

- HHS to issue new guidance on what constitutes “minimum necessary” and “health care operations” for purposes of disclosure under Privacy Rule (due by August, 2010)

 **Putting People First** HHS Office of Medical Rehabilitation and Development Policy Office

Health Information Technology for Economic and Clinical Health
(HITECH)

Additional HITECH Changes

- Accounting of Disclosures of EHR (Electronic Health Records) including those for treatment, payment, and health care operations, for past 3 years
- Phased-in compliance depending on when CE acquires and begins to use EHRs

(prior to HITECH, no need to account for any disclosures made for “P,T,O”)

 **Putting People First** HHS Office of Medical Rehabilitation and Development Policy Office

Health Information Technology for Economic and Clinical Health
(HITECH)

Additional HITECH Changes

- Individuals have right to access their PHI in electronic format, if requested
- Limits to use of PHI for marketing purposes
- Prohibition on sale of PHI, HHS regulations to be promulgated


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Health Information Technology for Economic and Clinical Health (HITECH)

HITECH Enforcement

- State Attorneys General may bring civil actions in federal court for HIPAA violations
- Penalties can range from \$100 per violation up to \$25,000 for a continuing violation
- Costs and attorney's fees can also be awarded


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Health Information Technology for Economic and Clinical Health (HITECH)

HITECH Enforcement

- Civil penalties tiered and increased to up to 1.5 million dollars per violation
- Business Associates can be held directly liable and assessed fines
- Individuals can be held liable for criminal penalties


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HITECH Penalty Amounts

TABLE 1—CATEGORIES OF VIOLATIONS AND RESPECTIVE PENALTY AMOUNTS AVAILABLE

Violation category	Each violation	Total per year
Did Not Know	\$100–\$50,000	\$1,500,000
Reasonable Cause	\$1,000–50,000	\$1,500,000
Willful Neglect (Corrected)	\$10,000–50,000	\$1,500,000
Willful Neglect (Not Corrected)	\$50,000	\$1,500,000


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Health Information Technology for Economic and Clinical Health
(HITECH)

HITECH- the Stakes Are High Safeguards Redux

Review Slide #9 and be mindful of:

- PHI disposal- shred don't toss; use secure waste systems, not the circular file
- Storing PHI on portable devices, hard drives, OMRDD system drives, beware of PHI on personally owned devices and home computers
- Exit conferences with staff and "teachable moments"


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Health Information Technology for Economic and Clinical Health
(HITECH)

HITECH Breach Notification Requirements

- Prior to HITECH, covered entities had duty to mitigate harm related to breach
- HITECH requires notification to individuals whose PHI is breached, covered entities, business associates, and certain vendors of personal health records *all* have responsibility to make notifications (but not duplicative)


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Health Information Technology for Economic and Clinical Health
(HITECH)

Notification of PHI Breach

- HITECH requires covered entities to have procedures to:
- report and identify unauthorized disclosures of unsecured Protected Health Information (PHI);
- assess the risk posed by such disclosures and determine whether a breach occurred and, if so;
- timely notify individuals of the breach

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(HITECH)

What is Unsecured PHI?

Protected Health Information (PHI) that is NOT:

- Encrypted,
- Destroyed prior to disposal, or
- Unreadable, unusable or indecipherable

Includes both hard copy and electronic information

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(HITECH)

What is a Breach?

HITECH defines "breach" as:
unauthorized access, use or disclosure of *unsecured* PHI
which compromises the security or privacy of the information
except where an unauthorized person would not reasonably have been able to retain such information

 **Putting People First** Health Information Technology for Economic and Clinical Health
(HITECH)

What is a Breach?

A breach may result from:

- loss of an information device or media, such as a flash drive, laptop, Smartphone, PDA, CD or DVD etc. that contains PHI;
- unauthorized access, use or disclosure of PHI included in clinical records, i.e., hardcopy documentation or other paper documents;


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Health Information Technology for Economic and Clinical Health (HITECH)

What is a Breach?

A breach may result from:

- sending PHI to an incorrect email address or fax number; or
- posting PHI on an unsecured website; or
- unauthorized access of PHI from an application, database or another individual's private account


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Health Information Technology for Economic and Clinical Health (HITECH)

What to do if a breach is suspected

Immediate steps must be taken to ensure that proper and timely notifications can, if necessary, be made:

- to affected individuals,
- to their representatives, and
- to appropriate oversight and regulatory agencies


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Health Information Technology for Economic and Clinical Health (HITECH)

What to do if a breach is suspected

- Immediately inform your immediate supervisor of what you have discovered or observed, and
- Contact your local Information Security Officer (ISO) and Privacy Liaison
- The Local ISO contacts the DDSO Director (in Central Office, the supervisor contacts the Division Head)

HHS Office of Health Information and Technology Policy
Putting People First Health Information Technology for Economic and Clinical Health (HITECH)

Local Information Security Officer (ISO) role

Initiates and coordinates a local investigation to gather incident details including:

- date of the suspected breach,
- description of what happened,
- description of unsecured PHI involved,
- number of individuals whose PHI may have been disclosed

HHS Office of Health Information and Technology Policy
Putting People First Health Information Technology for Economic and Clinical Health (HITECH)

Local Information Security Officer (ISO) role

- Also contacts OMRDD Information Security Officer (ISO), HIPAA Security Officer and HIPAA Privacy Officer
- Provides incident details in writing
- Initiates action to mitigate the risk associated with the suspected breach
- Maintains all documentation associated with the suspected breach
- Maintains a log of all activities related to the breach

HHS Office of Health Information and Technology Policy
Putting People First Health Information Technology for Economic and Clinical Health (HITECH)

Risk Mitigation

Reduce the risk associated with a suspected breach, depending on the nature of the breach

HHS Office of Health Information and Technology Policy
Putting People First Health Information Technology for Economic and Clinical Health (HITECH)

Risk Mitigation

- If suspected breach was the result of unauthorized access or use of another individual's account, the mitigating action could be revocation of the account's access or an immediate change of password

HHS Office of Health Information and Technology Policy
Putting People First Health Information Technology for Economic and Clinical Health (HITECH)

Risk Mitigation

- If the suspected breach involved publication of PHI on a publicly accessible website, the mitigating action is to remove the information from the website

HHS Office of Health Information and Technology Policy
Putting People First Health Information Technology for Economic and Clinical Health (HITECH)

Risk Mitigation

If the suspected breach involved a device such as a Smartphone or PDA with a remote wipe capability, a remote wipe may be used to mitigate the risk associated with the loss of the device

HHS Office of Health Information and Technology Policy
Putting People First Health Information Technology for Economic and Clinical Health (HITECH)

Risk Mitigation

If the suspected breach was caused by the misdirection or loss of hardcopy documentation, request the return or destruction of the documents, with instructions not to copy or further disseminate the information

HHS Office of Health Information and Technology Policy
Putting People First Health Information Technology for Economic and Clinical Health (HITECH)

Central Office Responsibilities

OMRDD Information Security Officer (ISO), OMRDD HIPAA Security Officer and OMRDD HIPAA Privacy Officer initiate the breach determination and notification process

HHS Office of Health Information and Technology Policy
Putting People First Health Information Technology for Economic and Clinical Health (HITECH)

Breach Determination Process

Determining whether a breach of unsecured PHI has occurred and requires notification:

- Has unsecured PHI been, or reasonably believed to have been, disclosed in violation of HIPAA?
- If yes, does the disclosure present a "significant risk of harm" to the individual(s)?
- Does the disclosure fall under an exception to the reporting requirement?

OH State Office of Health Administration and Development - OhioHHS
Putting People First Health Information Technology for Economic and Clinical Health (HITECH)

Notifications

If the incident is determined to pose a significant risk of harm to the individual(s) and no exceptions to the definition of breach apply, the incident is a breach.

The OMRDD ISO and Privacy Officer will assure that Senior Leadership is informed and that required notifications to individuals and agencies are made

OH State Office of Health Administration and Development - OhioHHS
Putting People First Health Information Technology for Economic and Clinical Health (HITECH)

Notifications

- Required notifications to individuals must be made **without unreasonable delay**, and in no case later than 60 days from the incident or discovery of the incident;
- Notification may be delayed if requested by law enforcement

OH State Office of Health Administration and Development - OhioHHS
Putting People First Health Information Technology for Economic and Clinical Health (HITECH)

Notifications

- OMRDD must notify each individual whose unsecured PHI was breached
- Notifications to individuals and their representatives will be made by the DDSO, in consultation with the ISO and Privacy Officer


Putting People First
Health Information Technology for Economic and Clinical Health (HITECH)

Notifications

- Notifications are made in writing and include:
- A brief description of the incident;
- A description of the PHI that was breached;
- Steps that the individual should take to protect themselves from harm resulting from the breach;
- A brief description of the actions taken by OMRDD to investigate the breach, mitigate harm and protect individuals from future breaches; and
- Contact information for individuals to ask questions or gather additional information


Putting People First
Health Information Technology for Economic and Clinical Health (HITECH)

Notifications involving more than 500 individuals

If the breach of unsecured PHI involves more than 500 individuals (residents of a particular state or jurisdiction smaller than a state):

- OMRDD must notify a prominent media outlet of the breach
- Notification to media may be made by issuing a press release
- Notice must also be made to the federal HHS, concurrently with notifications made to individuals


Putting People First
Health Information Technology for Economic and Clinical Health (HITECH)

Documentation

- Under the direction of the OMRDD HIPAA Privacy Officer, OMRDD will create and maintain a log of all breaches of unsecured PHI
- OMRDD will submit the log of breaches to DHHS within sixty (60) days of the end of each calendar year
- The log and all other documentation regarding breaches of unsecured PHI will be maintained for six (6) years.

NY Office of Mental Retardation and Developmental Disabilities
Putting People First Health Information Technology for Economic and Clinical Health
(HITECH)

HITECH Q&A

- Questions? Answers?

Cheryl A. Mugno, OMRDD Privacy Officer
Office of Counsel, (518) 474-7403

Richard Higgins, OMRDD ISO, (518) 381-2107
Information Security, Planning, and Training

NY Office of Mental Retardation and Developmental Disabilities
Putting People First Health Information Technology for Economic and Clinical Health
(HITECH)

Additional Information

OMRNET

- Office of Counsel
 - [HIPAA Policy, Procedure and Information](#)
 - <http://omrnet.omr.state.ny.us/content.aspx?id=24608>
- Information Security Office
 - [Security - Tips and Tutorials](#)
 - <http://omrnet.omr.state.ny.us/content.aspx?id=2438>

HITECH Highlights
Health Information Technology for Economic and Clinical Health Act
ARRA – American Recovery and Reinvestment Act of 2009
NYS OMRDD 2010

Federal HIPAA Privacy and Security Rules were enacted in 2003 to address concerns about protecting identifiable health records (or “protected health information, “PHI”) as the health care industry moved toward more electronic transactions and standardization. Confidentiality of clinical records was not new to OMRDD. New York Mental Hygiene Law required many similar privacy protections before HIPAA became a familiar acronym.

In 2009, President Obama signed the American Recovery and Reinvestment Act (ARRA) to help stimulate the troubled economy. Included in ARRA is the Health Information Technology for Economic and Clinical Health (HITECH) Act. HITECH provides funding to promote creation and improvement of electronic health records and, like HIPAA, includes provisions to address continuing concerns of privacy and security. HITECH makes significant changes to HIPAA requirements. Here are a few highlights:

- Expands the scope of HIPAA provisions directly applicable to business associates
- Amends HIPAA to include breach notification requirements
- Significantly increases civil and criminal penalties for violations for covered entities, individuals and business associates, enhances state and federal enforcement capabilities
- Removes exception for “TPO” to account for disclosures of *electronic* records

Business Associates:

- Agreements must be updated by February 17, 2010 to reflect HITECH changes
- Are now subject to direct fines for HIPAA violations
- Must comply with all administrative, physical and technical safeguards under the HIPAA Security Rule for E-PHI
- Must report security breaches covered by the new notification rules to the covered entity and provide necessary information regarding the breach
- Must document policies and procedures for safeguarding PHI
- Must cure or report (to HHS) any known pattern of activity or practice by a covered entity that breaches the BAA or must terminate the BAA

Security breach notification requirements:

- Covered entities must notify individuals (and business associates must notify covered entities) when there is a “breach” of protected health information
- A “breach” is an unauthorized acquisition, access, use or disclosure of unencrypted or readable PHI, whether electronic or hardcopy, with limited exceptions

- Breaches affecting fewer than 500 persons in one state must be reported annually to the Secretary of Health and Human Services (HHS)
- If more than 500 individuals in a state are affected by a breach, notice must be immediately provided to HHS, as well as to prominent media outlets

Penalties:

- Civil penalties now range from \$100 to \$50,000 per violation, with caps of \$25,000 to \$1,500,000 for all violations of a single requirement in a calendar year
- Civil penalties will vary, depending on whether the violation was unknowing, due to reasonable cause, or due to willful neglect
- Criminal penalties range up to \$50,000 and imprisonment for up to one year
- HITECH also provides that State Attorneys General can bring civil lawsuits to enforce HIPAA.

Accounting for Disclosures:

- Individuals may request an accounting of all disclosures of their *electronic* health records for a three-year period, including those made for treatment, payment and health care operations
- Individuals may obtain a copy of their electronic health record if requested

February, 2010

From HIPAA to HITECH -- Privacy & Security Basics for OMRDD

- 1. OMRDD is a covered entity required to comply with the requirements of the HIPAA Privacy and Security Rules** (Health Insurance Portability and Accountability Act of 1996). Additional federal requirements were added by the **HITECH Act** (the Health Information Technology for Economic and Clinical Health Act, Title XIII of the American Recovery and Reinvestment Act of 2009). HITECH makes significant changes to the HIPAA Privacy and Security Rules
- 2. OMRDD clinical information is covered by both Mental Hygiene Law and HIPAA.** Clinical information is Protected Health Information (PHI), and includes any information that tends to identify an individual and relates to his or her care and treatment.
- 3. OMRDD complies with both HIPAA and Mental Hygiene Law confidentiality rules.** In general, the HIPAA Privacy Rule or Mental Hygiene Law requirement providing the greater confidentiality protections--or the broader rights of records access to the individual-- will apply.
- 4. PHI/Clinical Information is confidential.** With some exceptions, an individual will need to give his/her written permission to share his/her clinical information. OMRDD provides a standard HIPAA authorization form and uses the DOH approved HIV confidentiality release forms to obtain consent to disclose HIV information.
- 5. Within the OMRDD system of care, no consent is required for uses and disclosures of PHI by covered entities for treatment, payment and health care operations.** Providers certified by OMRDD or approved as HCBS waiver providers that are also "covered entities" under HIPAA, may share PHI with or among, OMRDD and other such providers for these three purposes without obtaining an authorization from the individual.
- 6. Mental Hygiene Law has a "need to know" standard; HIPAA has a similar "minimum necessary standard".** Except for treatment purposes, use and disclosure by staff must be limited to the amount of PHI/clinical information needed to perform job functions.
- 7. Individuals and legal representatives have the right to access and request an amendment of clinical records, to appeal a denial of access, and to get an accounting of disclosures of clinical records.** OMRDD must keep track of all disclosures, primarily those made outside of OMRDD. A Privacy Notice must be provided to individuals new to OMRDD operated programs.
- 8. Individuals may file privacy complaints.** Complaints can be forwarded to designated OMRDD contact persons, the DDSO Director, and the federal Department of Health and Human Services (HHS), Office of Civil Rights (OCR).
- 9. HITECH requires OMRDD to notify individuals when there is a "breach" of their unsecured PHI/clinical information.** Staff must report suspected breaches and OMRDD must investigate and notify individuals when there is an unauthorized access, use or disclosure of unsecured PHI.
- 10. HITECH significantly increases civil and criminal penalties for violating HIPAA requirements.** Civil penalties are tiered and can range from \$100 a violation to \$1.5 million per year. Criminal fines up to \$50,000 and/or imprisonment can result.



Privacy and Security Safeguards Best Practices for the OMRDD Workforce

- Follow the minimum necessary rule: except for treatment purposes, use and disclosure of PHI is limited to the amount necessary to perform job functions
- Use file covers, locked filing cabinets and locked record rooms to maintain PHI
- Avoid posting PHI where it can be seen by unauthorized individuals
- Don't leave the worksite with unsecured PHI
- Avoid conversations identifying individuals and their clinical needs in public places
- Follow computer security policies for desktops, laptops, disks and other media. **DO NOT** email confidential clinical information or PHI over the internet. Any email address that does not end with "omr.state.ny.us" is delivered over the internet.
- Use, but don't share, computer passwords
- Keep track of paper files and electronic devices which contain PHI. If you remove a paper or electronic file from your work station, ensure that it remains in your possession at all times
- When faxing or phoning PHI, know or verify the receiving party and the contact numbers
- Be mindful of disposing of PHI: Shred don't toss and use secure waste systems, not regular trash receptacles
- When storing PHI, choose the most secure, accessible media: OMRDD system drives, hard drives and encrypted portable devices
- Do not use personally owned devices, e.g., flash drives or removable hard drives, to store PHI; such use is prohibited. Do not store PHI on home computers
- Remove PHI from electronic files and storage devices when no longer needed
- When changing job functions or leaving OMRDD, discuss the secured return or destruction of PHI with your supervisor
- Report suspected violations of HIPAA privacy or security requirements to your supervisor
- Immediately report any suspected instance of lost or stolen paper or electronic files containing PHI to your supervisor

For more information on OMRDD policy regarding privacy and security of PHI and clinical records, visit the OMRDD Intranet at <http://omrnet.omr.state.ny.us/content.aspx?id=2438>

**NEW YORK STATE
OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES**

AUTHORIZATION/CONSENT FOR DISCLOSURE OF CLINICAL INFORMATION

Use this form to get New York State consents or HIPAA authorizations. (The Sharing Clinical Information Table describes when Mental Hygiene Law consent or a HIPAA authorization is needed.)

Part I. Consumer Information:		
Name: Last	First	MI
Address:		TABS ID#:
		Date of Birth:
		Phone Number (if known):
		()

Complete Part II to identify: the organization disclosing clinical information, the organization receiving information, what information is being disclosed and for what purpose. Place a check in the appropriate box.

Part II. Authorization for Disclosure of Clinical Information:	
By signing Part III of this form, _____ authorizes the organization <input checked="" type="checkbox"/> in A. below:	
Consumer Name	
A. <input type="checkbox"/> OMRDD [Preprint Name and address of DDSO or Central Office]	A. <input type="checkbox"/> List Name and Address of Other Individual or Organization PROVIDING Information:
To disclose health or clinical information about _____ to the organization <input checked="" type="checkbox"/> in B. below:	
Consumer Name	
B. <input type="checkbox"/> OMRDD [Preprint Name and address of DDSO or Central Office]	B. <input type="checkbox"/> List Name and Address of Other Individual or Organization RECEIVING Information:
Describe the information to be used or disclosed, including date(s) of service, type of service provided, etc.:	
Dates of service: _____	
<input type="checkbox"/> Psychological Evaluations/Assessments <input type="checkbox"/> Individual Service Plan (ISP)/ Individual Family Support Plan <input type="checkbox"/> Individualized Education Plan <input type="checkbox"/> Medical Assessments/Diagnostic Reports <input type="checkbox"/> Other, please describe:	
Continued on next page	

**NEW YORK STATE
OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES**

AUTHORIZATION/CONSENT FOR DISCLOSURE OF CLINICAL INFORMATION

PART II Continued:

Describe the purpose of the disclosure:

- For Treatment Purposes
- Documenting Eligibility
- Service Planning
- Written Request for Information Attached

Other: _____

Note: the following must be completed by health care providers or health plans requesting the authorization:
 Will the health care provider or health plan requesting the authorization receive financial or in-kind compensation in exchange for using or disclosing the health or clinical information described above?
 _____ **No** _____ **Yes**

Part III below must be signed by the consumer or his/her personal representative, and a copy of the signed form provided to the consumer or representative.

Part III. Signature and Date:

1. I may revoke this authorization, in writing, at any time by notifying the person or entity I have authorized to use or disclose information as listed above.
2. I understand that a revocation is not effective against actions taken by the person or entity named above before they received such revocation and to the extent that they have relied upon this authorization.
3. I understand that if the person or entity authorized to receive my health and clinical information is not a health care provider or health plan, the released information may be redisclosed and may no longer be protected by federal privacy regulations.
4. I may refuse to sign this form and my refusal to sign will not affect my ability to obtain treatment or payments except in some situations when such information is needed for payment and enrollment.
5. I may, in accordance with the OMRDD Privacy Policy, inspect or copy any information used or disclosed under this authorization upon written request.

<i>Signature of consumer or representative</i>	<i>Date</i>
<i>Print name of consumer or representative</i>	<i>Representative's relationship to the consumer</i>

This Authorization Expires: _____
 (insert date or event)

New York State Office For The Aging Overview

Marcus Harazin, Deputy Director



1

Key Components of the NYS's Aging Network

- The Older Americans Act (OAA) and Administration on Aging (AoA)
- State Units on Aging and State Funding
- Area Agencies on Aging (AAAs)
- Advocates
- Service Providers
- Older Consumers & their Families

2

State Units on Aging

- A State Unit on Aging (SUA) is the government agency designated by the Governor and/or State legislature, whose purpose is to function as the focal point for all activities related to the needs and services for senior constituents within a state.
- In New York State, the SUA is the New York State Office for the Aging

3

NYSOFA Roles & Responsibilities

- Develop and administer the State Plan
- Conduct public hearings on the state plan and other pertinent issues
- Serve as an effective and visible advocate for all older persons in the State
- Designate and fund the Area Agencies on Aging
- Assist AAAs in the development of comprehensive and coordinated service delivery systems and coordinate activities in the State relating to the purposes of the OAA

4

NYSOFA Mission

- It is the mission of the New York State Office for the Aging to help older New Yorkers to be as independent as possible, for as long as possible, through advocacy, development and delivery of cost-effective policies, programs and services, which support and empower the elderly and their families, in partnership with the network of public and private organizations which serve them.

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The Mission

- Independence
- Make Communities Elder Friendly
- Advocacy
- Systems Improvements
- Support and Technical Assistance
- Empowerment
- Partnerships

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NYSOFA & the AAAs

- Award federal and state funds to AAAs
- Guided with input from state and local advisory councils
- Services proposed through local Annual Implementation Plans
- Enforce federal and state regulations (via IMs, PIs, TAMs, LMs and AAs)
- Provision of information
- Advocacy and Services

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Area Agency on Aging Services

- Access Services – e.g., Transportation; Case Management; Information, Assistance & Referral; Outreach
- Nutrition Services – Congregate Meals; Home Delivered Meals; Nutrition Education; Nutrition Counseling; Health Promotion
- In-Home Services – Personal Care Levels I (Housekeeping/chore) & II (Homemaking/-Personal Care)
- Legal Services – Provision of legal advice, counseling and representation by an attorney

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Additional Services

- Caregiver Support Services – Information; Assistance; Counseling, Training & Support Groups; Respite; and other supportive services
- NYSOFA provides state funding for Foster Grand Parents (FGP) programs and Retired Senior Volunteer Programs (RSVP)
- Senior Community Services Employment Program

9

Who is Eligible for Aging Network Services

- At least 60 years of age (no residency requirement)
- Cannot get a similar service from another source
- Programs based on capped budgets and may use a client prioritization process or have a waiting list
- Some programs have specific requirements (e.g. Home Delivered Meals, Expanded In-home Services for the Elderly Program; Senior Community Services Employment Program)
- Exceptions to age requirement: Caregiver Program, Nutrition Program

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Aging Network Services for Developmentally Disabled Persons

- Cannot duplicate Medicaid funded services
- Provide aging network services in some limited instances
- For example: a non-elderly person with a disability lives with an elder who goes to a senior center for a noon meal. The person with DD may also receive a meal (on the same basis that a meal could be provided to a volunteer).

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Examples

- A non-elderly spouse or non-elderly person with a disability lives with an older person who receives a home delivered meal might be able to receive a home delivered meal also if it is in the best interest of the older person and the AAA has available meals.
- A non-elderly person with a disability who lives in housing in which most residents are elderly that has a congregate meals program, may participate in the program (such a program may choose to serve the non-elderly person who has a disability, but is not required to do so).

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Eligibility for Caregiver Services

- Must be at least 18 years old and caring for an older person
- Must be an adult caring for an older person with a disability
- Must be an adult caring for a person of any age with dementia
- Must be a grandparent or other non-parental relative who is at least 55 years old and caring for a child w/ or w/o a disability

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Scope of Service Delivery

Based on SFY 2007-2008 data:

- Almost 633,400 older persons were served by AAAs
- Approximately \$471 million were spent on services for older persons

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Scope of Service Delivery (Con't)

- \$175.4 Million for Nutrition Services
- \$95.4 Million for Access Services
- \$60.9 Million for In-Home Services

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Caregiver Programs

- Over 1/3 of AAAs provide support to family members and friends who support older persons with a developmental disability or for a child with a developmental disability
- 18 AAAs provide support to those caring for an older person with a developmental disability
- 13 AAAs provide support to grandparents caring for a child with a developmental disability
- The services they are most likely providing are: information and assistance, support groups, and training

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OMRDD/NYSOFA MOU

- NYSOFA & OMRDD signed a Memorandum of Understanding, stating an agreement that the integration of older New Yorkers with a developmental disability within Aging Network programs is feasible and warranted and to put into effect a coordinated multi-agency approach to meet the needs of older New Yorkers with a developmental disability.

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AAA Activity

Based on a 2007 survey, 44 AAAs across NYS indicated they had a programmatic or policy collaboration related to persons with developmental disabilities.

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Types of Services

- The most common types of services noted by AAAs providing some assistance to persons with developmental disabilities were: home delivered meals, caregiver support or respite. Some also provided congregate meals, social adult day care services, senior center activities, transportation, or assistance with finding senior housing.

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- NYSOFA will collect more detailed information from AAAs who have indicated they are providing services to older persons with developmental disabilities or grandparents of children with developmental disabilities.
- The OMRDD Senior Companion Program Statewide Advisory Council
- The Geriatric Mental Health Task Force created by the Geriatric Mental Health Act

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NYSOFA Efforts

- Identifies issue as priority in Project 2015: Planning for the Aging of the Baby Boomers
- Member of the OMRDD Commissioners Task Force on Aging; participates on In-Home Supports subcommittee.
- Supports the implementation of joint workforce training for Aging and DD networks
- Coordinates **NY Connects** LTC system with NYS DoH.
- Supports nursing home diversion efforts
- Disseminates results of the AoA grant to fund the NYS Coordinated Care Alzheimer Demonstration Project through SUNY Albany Center for Excellence and Aging and Services

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Website & Resources

- The NYSOFA webpage
www.aging.ny.gov/
- marcus.harazin@ofa.state.ny.us
- Contact Information for AAAs – See listing on pages 11-13 of the 2008 NYS Senior Citizen Resource Guide
- The New York Connects webpage
www.nyconnects.org



[New York State](#)

[NY Connects](#)

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- [Glossary of Terms](#)
- [A-Z Index](#)
- [History of NY Connects](#)
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Local NY Connects

NY Connects: *Choices for Long Term Care* is a free information and assistance service that is available to individuals and their families to help them make better decisions regarding their long term care needs. Many counties are now offering **NY Connects**. Check the list below to see if **NY Connects** is now available in your county.

- [Albany](#) (518) 447-7177
- [Allegany](#) (585) 268-9390 or toll free at (866) 268-9390
- [Broome](#) (607) 778-2420
- [Cattaraugus](#) (716) 372-8424 or (800) 819-1162
- [Cayuga](#) (315) 253-1100
- [Chautauqua](#) (716) 753-4582 or (753)-4LTC E-mail: CCNYC@co.chautauqua.ny.us
- [Chemung](#) (607) 737-5487
- [Chenango](#) (877) 337-1659
- [Clinton](#) (518) 565-4902
- [Columbia](#) (877) 260-9244
- [Cortland](#) (607) 756-3485 Email: nyconnects@cortland-co.org
- [Delaware](#) (866) 660-2451
- [Dutchess](#) (845) 486-2555
- [Erie](#) (716) 858-8526
- Essex (518) 873-3815
- [Franklin](#) (518) 481-1660
- [Fulton](#) (518) 736-5718
- [Genesee](#) (585) 343-1611
- Greene (518)-719-3555
- Hamilton:1-866-805-3931
- [Herkimer](#) (315) 867-1415
- [Jefferson](#) (315) 785-5081
- [Lewis](#) (315) 376-5806

- [Livingston](#) 1-888-443-7520 Email: NYConnects@gvhp.org
- [Monroe](#) (585) 325-2800
- [Montgomery](#) 1-888-460-9624
- [Nassau](#) (516) 227-8900
- [Niagara](#) (716) 438-3030 Email: nyconnects@niagaracounty.com
- [Oneida](#) (315) 798-5456
- [Onondaga](#) (315) 435-1400
- [Ontario](#) (585) 396-4040
- [Orange](#) (845) 615-3710 E-mail: ofa@co.orange.ny.us
- [Orleans](#) (585) 589-3102
- [Otsego](#) (607) 547-4390
- [Putnam](#) (845) 225-1034, ext. 110
- [Rensselaer](#) (518) 270-2767
- [Rockland](#) (845) 364-2020 E-Mail: inforock@co.rockland.ny.us
- Saratoga (518) 714-4826
- [Schoharie](#) (518) 295-8353
- [Schenectady](#) (518) 382-8481
- [Schuyler](#) (607)-535-2710
- [Steuben](#) E-mail: NYCONNECTS@co.steuben.ny.us (866) 221-7324.
- [St. Lawrence](#) (315) 386-3756 or 1-888-730-4730 (toll free)
- St. Regis Mohawk (518) 358-2834
- Suffolk (631) 853-8200
- [Sullivan](#) (845) 807-0257
- [Tioga](#) (877) 882-8313
- [Tompkins](#) (607) 274-5222
- [Ulster](#) (845) 334-5307 OR (845) 334-5125
- Warren (866) 805-3931
- [Washington](#) (518) 746-2420
- [Wayne](#) (315) 946-5624
- [Westchester](#) (914) 813-6300
- [Wyoming](#) (585) 786-6119
- [Yates](#) (315) 531-3410

[Why isn't my county listed?](#)

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From: Saved by Windows Internet Explorer 7
Sent: Friday, June 11, 2010 9:08 AM
Subject: New York State Office for the Aging - NYSOFA - List of County Offices

Attachments: ATT00006..bin; ATT00007..bin; ATT00008..bin; ATT00009..bin;
ATT00010..bin; ATT00011..bin
&FEFF&

[Skip to Content](#) | [Skip to Navigation](#)

New York State Office for the Aging David A. Paterson-Governor Michael J. B

Senior Citizen's Help Line 1-800-342-9871

- [Gúia de Recursos para Adultos Mayores](#)
- [Senior Citizens Resource Guide](#)
- [County Area Agencies](#)
- [NYSOFA Director](#)

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Aging Services Advisory
Committee](#)
 - [Family Caregiver Council](#)

▪	Naturally Occurring Retirement
Communities Council	
▪	NY Connects LTC Advisory Councils
▪	Coordinating Council for Services
Related to Alzheimer's Disease	
and other Dementias	
•	News
○	Latest News
○	Archived News
○	Press Releases
○	Archived Press Releases
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Aging And You	
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▪	Fitness
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▪	Flu Prevention
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▪	Housing options for older people in New York State
▪	Housing, Planning, and Zoning Initiative
▪	Housing Resources
○	Older Workers
○	Heating and Energy
○	Information
○	Caring for Older Drivers
▪	When You Are Concerned
▪	Resource Guide for Older Drivers
▪	Resource Guide for Caregivers
○	Legal Assistance/Information
○	Links to other resources
○	Programs and Services
▪	Caregiver Support & Services
▪	Home Programs & Services
▪	Economic Security Programs
▪	Health & Wellness, Disease Management & Prevention
▪	Civic Engagement/Volunteerism
•	Reports and Data
•	Contact Us
○	E-Mail Addresses
○	Phone Numbers
○	Sr. Citizens' Help Line
○	FOIL Requests

**Local Offices for the Aging
(Oficinas locales para personas mayores)**

- [Albany County Department for Aging](#)
Ralph Scarano, Commissioner
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