

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**MOST OF NEW YORK'S CLAIMS FOR
FEDERAL REIMBURSEMENT FOR
MONTHLY PERSONAL EMERGENCY
RESPONSE SERVICE CHARGES DID NOT
COMPLY WITH MEDICAID
REQUIREMENTS**

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April 2018
A-02-15-01019

Office of Inspector General

<https://oig.hhs.gov>

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OFFICE OF AUDIT SERVICES FINDINGS AND OPINIONS

The designation of financial or management practices as questionable, a recommendation for the disallowance of costs incurred or claimed, and any other conclusions and recommendations in this report represent the findings and opinions of OAS. Authorized officials of the HHS operating divisions will make final determination on these matters.

Report in Brief

Date: April 2018

Report No. A-02-15-01019

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Review

New York provides Personal Emergency Response Services (PERS) to eligible Medicaid beneficiaries through contracts negotiated between local social services districts (local districts) and PERS providers. Beneficiaries authorized to receive PERS receive electronic communication equipment in their home that can summon help if an emergency occurs. When activated by the beneficiary, the equipment signals a monitoring agency that can arrange for the appropriate assistance. Payment for PERS includes a monthly service charge for monitoring agency services.

Based on preliminary work that identified vulnerabilities, we determined that PERS monthly service charges were susceptible to waste and abuse. Our review covered 512,121 claims for PERS monthly service charges, totaling \$13.4 million (\$6.7 million Federal share).

Our objective was to determine whether New York claimed Federal Medicaid reimbursement for PERS monthly service charges in compliance with Medicaid requirements.

How OIG Did This Review

We reviewed a random sample of 100 claims for PERS monthly service charges for the audit period January 2010 through March 2015. We reviewed each claim for compliance with Medicaid requirements.

Most of New York's Claims for Federal Reimbursement for Monthly Personal Emergency Response Service Charges Did Not Comply With Medicaid Requirements

What OIG Found

For 87 of the 100 claims in our sample, New York claimed Federal reimbursement for PERS monthly service charge claims that did not comply with Medicaid requirements. Specifically, beneficiary assessments were not reviewed as part of New York's reauthorization of services. Also, New York authorized services for more than the maximum 6-month period, did not meet or document assessment requirements, and did not provide documentation to support charges.

These deficiencies occurred because local districts did not properly apply program requirements related to the authorization of PERS monthly service charges or maintain documentation to support the PERS monthly service charges for which New York claimed Federal Medicaid reimbursement. In addition, New York did not effectively monitor local districts for compliance with Medicaid requirements.

On the basis of our sample results, we estimated that New York improperly claimed at least \$5.5 million in Federal Medicaid reimbursement. New York's ineffective oversight of the PERS program leaves the program vulnerable to misuse of Federal funds and could potentially place beneficiaries at risk of harm.

What OIG Recommends and New York's Comments

We recommend that New York refund \$5.5 million to the Federal Government and strengthen its monitoring activities of local districts for compliance with Medicaid requirements.

In written comments on our draft report, New York did not indicate concurrence or nonconcurrence with our recommendations; however, it described the actions it was taking or planned to take in response to each of our recommendations. Specifically, New York stated that it will review the claims identified as unallowable in our draft report and determine an appropriate course of action. New York also stated that it will review and update its policies and guidance related to PERS and plans to continue to provide guidance through its routine auditing of the local districts. After reviewing New York's comments, we maintain that our findings and recommendations are valid.

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INTRODUCTION

WHY WE DID THIS REVIEW

New York provides Personal Emergency Response Services (PERS) to eligible Medicaid beneficiaries through contracts negotiated between local social services districts (local districts) and PERS providers. Beneficiaries authorized to receive PERS are given electronic communication equipment in their homes that can summon help if an emergency occurs. When activated by the beneficiary, the equipment signals a monitoring agency that can arrange for the appropriate assistance. Medicaid reimbursement for PERS consists of two payments: (1) an installation charge that includes the costs of renting or leasing the equipment, installation, maintenance, and the removal of the equipment and (2) a monthly service charge for monitoring agency services. Preliminary analysis identified the PERS monthly service charge as vulnerable to waste and abuse.

OBJECTIVE

Our objective was to determine whether the New York State Department of Health (State agency) claimed Federal Medicaid reimbursement for PERS monthly service charges in compliance with Medicaid requirements.

BACKGROUND

Medicaid Program

The Medicaid program provides medical assistance to low-income individuals and individuals with disabilities. The Federal and State Governments jointly fund and administer the Medicaid program. At the Federal level, the Centers for Medicare & Medicaid Services (CMS) administers the program. Each State administers its Medicaid program in accordance with a CMS-approved State plan. Although the State has considerable flexibility in designing and operating its Medicaid program, it must comply with applicable Federal requirements. In addition, States must have agreements with Medicaid providers that providers keep records that fully disclose the extent of the services provided to individuals receiving assistance under a State plan.¹

New York's Medicaid Personal Emergency Response Services Program

In New York, the State agency administers the Medicaid program. Each New York county is considered its own local district, except the five counties that make up New York City, which are considered a single district. Although the State agency has overall responsibility for the

¹ Social Security Act § 1902(a)(27).

Medicaid program, the local districts are responsible for authorizing and arranging PERS and monitoring the program.²

The local district must authorize a beneficiary to receive PERS. This authorization is based on a physician's order and a comprehensive assessment.³ The comprehensive assessment must include an evaluation of the beneficiary's physical disability status, the degree that the beneficiary would be at risk of an emergency because of a medical or functional impairment or disability, and the degree of the beneficiary's social isolation.⁴ Authorizations for PERS may not exceed 6 months.⁵ The reauthorization for PERS must include a review of the beneficiary's comprehensive assessment by the beneficiary's physician, the local district's professional director, or a physician at a local State agency facility.⁶

Payment for PERS will only be made to a provider when authorized by the local district and provided in accordance with the appropriate authorization and the provider's contractual agreement with the local district. Once authorized, PERS providers are paid an installation payment and a monthly service charge of about \$25 for monitoring agency services.

HOW WE CONDUCTED THIS REVIEW

We limited our review to Medicaid PERS claims for monthly service charges for the period January 2010 through March 2015.⁷ From a total of 512,121 claims, submitted by 38 PERS providers, for which the State agency claimed Medicaid reimbursement, we selected a simple random sample of 100 claims. We reviewed each claim for compliance with Medicaid requirements. Based on supporting documentation, we identified that of the 100 claims, 6 were associated with an initial PERS authorization and 88 were associated with a PERS reauthorization.⁸

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions

² 18 New York Codes, Rules and Regulations (NYCRR) § 505.33.

³ 18 NYCRR §§ 505.33(c)(2) and (c)(7).

⁴ 18 NYCRR § 505.33(c)(2)(ii).

⁵ 18 NYCRR §§ 505.33(c)(4) and (c)(7).

⁶ 18 NYCRR § 505.33(c)(7).

⁷ We used the most current data available at the time we initiated our review.

⁸ We could not identify if the remaining six claims were associated with an initial authorization or reauthorization because there was no supporting documentation.

based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix A contains the details of our audit scope and methodology, Appendix B contains our statistical sampling methodology, and Appendix C contains our sample results and estimates.

FINDINGS

Most of New York’s claims for Federal reimbursement for PERS monthly service charges did not comply with Medicaid requirements. Of the 100 claims in our sample, 13 complied with State requirements, but 87 did not. The table below summarizes the deficiencies noted and the number of claims that contained each type of deficiency.

Table: Summary of Deficiencies in Sampled Claims

Type of Deficiency	Number of Unallowable Claims ^a
Comprehensive assessment not reviewed	79
Untimely reauthorization	10
Assessment requirements not met or documented	9
Documentation to support charges not provided	6

^aThe total exceeds 87 because 16 claims contained more than 1 deficiency.

These deficiencies occurred because the local districts did not properly apply program requirements related to the authorization of PERS monthly service charges or maintain documentation to support the PERS monthly service charges for which the State agency claimed Federal Medicaid reimbursement. In addition, the State agency did not effectively monitor local districts for compliance with Medicaid requirements. For example, the local districts do not conduct specific reviews to determine if PERS comply with Medicaid requirements.

On the basis of our sample results, we estimated that the State agency improperly claimed at least \$5,516,838 in Federal Medicaid reimbursement during our January 2010 through March 2015 audit period.⁹ The State agency’s ineffective oversight of the PERS program leaves the program vulnerable to the continued misuse of Federal funds and could potentially place beneficiaries at risk of harm.

⁹ To be conservative, we recommend recovery of overpayments at the lower limit of a two-sided 90-percent confidence interval. Lower limits calculated in this manner will be less than the actual overpayment total 95 percent of the time.

COMPREHENSIVE ASSESSMENT NOT REVIEWED

A local district may authorize PERS only when a comprehensive assessment indicates, among other things, that PERS would be appropriate because (1) the beneficiary has a medical condition, disability, or impairment that warrants the use of PERS; (2) the beneficiary's safety in the home must be monitored; and (3) the beneficiary would be able to effectively use the PERS equipment.¹⁰ Additionally, the reauthorization for PERS must include a review of the beneficiary's comprehensive assessment by the beneficiary's physician, the local district's professional director, or a physician at a local State agency facility.¹¹

For 79 of the 100 sampled claims, there was no evidence that a physician, a local district's professional director, or a physician at a local State agency facility reviewed the comprehensive assessment for the reauthorization for PERS, as required. Specifically, the comprehensive assessment did not include the signature of a physician, a local district's professional director, or a physician at a local State agency facility. The lack of such a review could result in a beneficiary receiving PERS when the beneficiary would not be able to effectively use the equipment.

UNTIMELY REAUTHORIZATION

The reauthorization for PERS must not exceed 6 months.¹²

For 10 of the 100 sampled claims, the reauthorization for PERS was not completed in a timely manner. Specifically, for seven claims, the claimed date of service was outside of the 6-month reauthorization period, and no reauthorization was in place covering the claimed date of service. For three claims, the reauthorization period set by the local district exceeded the allowable 6-month timeframe.¹³ Reauthorizations that are not completed in a timely manner could potentially harm beneficiaries because the local districts cannot ensure that the beneficiaries' needs are being met.

ASSESSMENT REQUIREMENTS NOT MET OR DOCUMENTED

Caretaker Availability Requirements Not Met or Documented

A local district may authorize PERS only when the comprehensive assessment indicates that the services would be appropriate for the beneficiary because the beneficiary does not have

¹⁰ 18 NYCRR § 505.33(c)(2)(iii).

¹¹ 18 NYCRR § 505.33(c)(7).

¹² 18 NYCRR § 505.33(c)(7).

¹³ For these claims, we questioned costs for dates of service outside of the allowable 6-month timeframe.

sufficient informal caretakers, such as family members and friends, available to directly and continuously monitor the beneficiary's health and safety.¹⁴

For 5 of the 100 sampled claims, the associated comprehensive assessment did not indicate that the beneficiary lacked sufficient informal caretakers available to monitor his or her health and safety. Specifically, the comprehensive assessment indicated that a caretaker *was* available to monitor the beneficiary's health and safety (four claims) or did not contain any evidence that such an assessment had been performed (one claim).

Beneficiary Not Alert and Self-Directing

A local district may authorize PERS only when the comprehensive assessment indicates that the services would be appropriate for the beneficiary because he or she is alert and self-directing (i.e., capable of making choices about daily living activities, understanding the impact of those choices, and assuming responsibility for the results of the choices).¹⁵

For 4 of the 100 sampled claims, the comprehensive assessment clearly indicated that the beneficiary was not alert and self-directing and therefore not eligible for PERS. A beneficiary who is not alert and self-directing is not capable of making appropriate choices; therefore, that beneficiary cannot be safely monitored at home.

DOCUMENTATION TO SUPPORT CHARGES NOT PROVIDED

Medicaid providers are required to keep records that fully disclose the extent of the services provided.¹⁶ Further, payments for PERS must be supported by a dated certification by the provider that the care, services, and supplies were furnished.¹⁷

For 6 of the 100 sampled claims, there was no documentation provided to support the monthly service charges. Also for these six claims, the local districts or PERS providers could not provide a dated certification that services had been furnished.

¹⁴ 18 NYCRR § 505.33(c)(2)(iii)(d).

¹⁵ 18 NYCRR § 505.33 (c)(2)(iii)(e).

¹⁶ Social Security Act § 1902(a)(27).

¹⁷ 18 NYCRR §§ 505.33(h)(4) and 540.7(a)(8).

RECOMMENDATIONS

We recommend that the State agency:

- refund \$5,516,838 to the Federal Government,
- reinforce with the local districts the Medicaid requirements related to claiming Federal reimbursement for PERS, and
- provide oversight of the local districts to ensure PERS comply with Medicaid requirements.

STATE AGENCY COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE

In written comments on our draft report, the State agency did not indicate concurrence or nonconcurrence with our recommendations; however, it described the actions it was taking or planned to take in response to each of our recommendations. Specifically, the State agency stated that its Office of the Medicaid Inspector General will review the claims identified as unallowable in our draft report and determine an appropriate course of action. The State agency also stated that it will review its policies and guidance related to PERS, plans to update these guidance materials, and will continue to provide guidance through routine auditing of the local districts.

After reviewing the State agency's comments, we maintain that our findings and recommendations are valid.

The State agency's comments are included in their entirety as Appendix D.

OTHER MATTERS: WRITTEN AUTHORIZATIONS FOR EMERGENCY RESPONSE PERSONNEL TO ENTER HOME NOT MAINTAINED

Once it has been determined that PERS are appropriate for a beneficiary, the local districts must ensure that the beneficiary, or a representative, sign a written authorization for emergency response personnel to enter the beneficiary's home and to provide emergency treatment and transportation.¹⁸ It is the responsibility of the PERS provider to maintain this documentation.¹⁹

For 19 of the 100 sampled claims, the local district did not ensure that an authorization for emergency response personnel to enter the associated beneficiary's home had been signed by

¹⁸ 18 NYCRR § 505.33(e)(1).

¹⁹ 18 NYCRR § 505.33(f)(3)(i)(f).

the beneficiary or a representative. Specifically, for all 19 claims, the local districts could not provide signed authorizations: 15 claims for which the authorizations could not be found, 2 claims for which the PERS providers did not require such authorizations, 1 claim for which the written authorization was not maintained, and 1 claim for which the beneficiary or a representative did not sign the authorization.²⁰

While we are not recommending recovery based on these missing authorizations, we encourage the State agency to reinforce with the local districts and PERS providers the State requirement that providers maintain signed authorizations allowing emergency response personnel to enter beneficiaries' homes. Such authorizations are important in protecting the safety of both the beneficiary and emergency response personnel so all parties are aware of who is authorized to enter the home.

²⁰ For 15 of the 19 sampled claims, the claim contained more than 1 deficiency.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

Our review covered 512,121 claims for PERS monthly service charges, totaling \$13,409,182 (\$6,705,444 Federal share), submitted by 38 providers in New York during our January 1, 2010, through March 31, 2015, audit period.

Our review allowed us to establish reasonable assurance of the authenticity and accuracy of the data obtained from the Medicaid Management Information System (MMIS)²¹ file for our audit period. We also established reasonable assurance of the completeness of the data by reconciling the claims data in the MMIS to the State agency's claims for reimbursement on the Form CMS-64, Quarterly Medicaid Statement of Expenditures (Form CMS-64).

During our audit, we did not assess the overall internal control structure of the State agency or the Medicaid program. Rather, we reviewed only the internal controls that pertained directly to our objective.

We performed fieldwork at the State agency's offices in Albany, New York; the MMIS fiscal agent in Rensselaer, New York; and at 32 local district offices throughout New York.

METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal and State Medicaid requirements;
- held discussions with State agency and local district officials to gain an understanding of New York's PERS program;
- obtained from New York's MMIS a sampling frame of 512,121 claims for PERS monthly service charges, totaling \$13,409,182 (\$6,705,444 Federal share);
- reconciled the PERS monthly service charges claimed for Federal reimbursement by the State agency on the Form CMS-64 covering our audit period with the data obtained from the MMIS file;
- selected a random sample of 100 claims from our sampling frame, and for each claim, reviewed documentation maintained by the local district and the providers supporting the claim to determine if the associated services complied with Medicaid requirements;

²¹ The MMIS is a computerized payment and information reporting system used to process and pay Medicaid claims.

- estimated the unallowable Federal Medicaid reimbursement in the sampling frame of 512,121 claims; and
- discussed the results of the review with State agency officials.

See Appendix B for our statistical sampling methodology and Appendix C for our sample results and estimates.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

APPENDIX B: STATISTICAL SAMPLING METHODOLOGY

TARGET POPULATION

The population consisted of Medicaid PERS claims for monthly service charges provided during the audit period.

SAMPLING FRAME

The sampling frame was an Access database containing 512,121 claims for PERS monthly service charges, totaling \$13,409,182 (\$6,705,444 Federal share). The data were obtained from the New York MMIS.

SAMPLE UNIT

The sample unit was a PERS monthly service charge claim.

SAMPLE DESIGN

We used a simple random sample.

SAMPLE SIZE

We selected a sample of 100 PERS monthly service charge claims.

SOURCE OF RANDOM NUMBERS

We generated the random numbers with Office of Inspector General, Office of Audit Services (OAS), statistical software.

METHOD OF SELECTING SAMPLE UNITS

We consecutively numbered the 512,121 PERS monthly service charge claims. After generating 100 random numbers, we selected the corresponding claims in the frame for our sample.

ESTIMATION METHODOLOGY

We used the OAS statistical software to estimate the total amount of improper Medicaid payments for unallowable PERS monthly service charge claims at the lower limit of the two-sided 90-percent confidence interval. We also used this software to calculate the corresponding point estimate and upper limit of the two-sided 90-percent confidence interval.

APPENDIX C: SAMPLE RESULTS AND ESTIMATES

Sample Details and Results

Claims in Frame	Value of Frame (Federal share)	Sample Size	Value of Sample (Federal share)	No. of Unallowable Claims	Value of Unallowable Claims (Federal share)
512,121	\$6,705,444	100	\$1,330	87	\$1,156

Estimated Value of Unallowable Claims (Federal share)
(Limits Calculated for a 90-Percent Confidence Interval)

Point estimate	\$5,917,686
Lower limit	\$5,516,838
Upper limit	\$6,318,534

APPENDIX D: STATE AGENCY COMMENTS



Department
of Health

ANDREW M. CUOMO
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HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

March 13, 2018

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Regional Inspector General for Audit Services
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Jacob Javitz Federal Building
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New York, New York 10278

Ref. No: A-02-15-01019

Dear Ms. Tierney:

Enclosed are the New York State Department of Health's comments on the United States Department of Health and Human Services, Office of Inspector General's Draft Audit Report A-02-15-01019 entitled, "Most of New York's Claims for Federal Reimbursement for Monthly Personal Emergency Response Service Charges Did Not Comply With Medicaid Requirements."

Thank you for the opportunity to comment.

Sincerely,
Sally Dreslin
Sally Dreslin, M.S., R.N.
Executive Deputy Commissioner

Enclosure

cc: Marybeth Hefner
Jason A. Helgeson
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**New York State Department of Health
Comments on the
Department of Health and Human Services
Office of Inspector General
Draft Audit Report A-02-15-01019 entitled
“Most of New York’s Claims for Federal Reimbursement for Monthly
Personal Emergency Response Service Charges Did Not Comply With
Medicaid Requirements”**

The following are the New York State Department of Health’s (Department) comments in response to the Department of Health and Human Services, Office of Inspector General (OIG) Draft Audit Report A-02-15-01019 entitled, “Most of New York’s Claims for Federal Reimbursement for Monthly Personal Emergency Response Service Charges Did Not Comply with Medicaid Requirements.”

Background:

New York State (NYS) is a national leader in its oversight of the Medicaid Program. The Office of the Medicaid Inspector General (OMIG) conducts on-going audits of the Medicaid program and managed care plans. The Department and OMIG will continue to focus on achieving improvements to the Medicaid program and aggressively fighting fraud, waste and abuse.

Under Governor Cuomo’s leadership, the Medicaid Redesign Team (MRT) was created in 2011 to lower health care costs and improve quality of care for its Medicaid members. Since 2011, Medicaid spending has remained under the Global Spending Cap, while at the same time providing health care coverage to an additional 1,276,304 fragile and low income New Yorkers. Additionally, Medicaid spending per recipient decreased to \$8,609 in 2016, consistent with levels from a decade ago.

General Comments:

In the 1980’s the demand for personal care services in New York State increased greatly. However, this demand grew at a rate that exceeded the available supply of home care workers. One of the cost-effective alternatives the State explored to help alleviate this situation was the utilization of the Personal Emergency Response Service (PERS). PERS is electronic communication equipment that can summon help when activated. Demonstrations showed a PERS device was successful at reducing the number of hours a home health care worker was required without compromising the individuals’ safety or quality of care.

As a result, legislation was passed into law allowing PERS as a benefit statewide. Specifically, Chapter 438 of the Laws of 1989 added Social Services Law, Section 367-g, which authorized the use of PERS for eligible Medicaid recipients.

In 1991 the State required Local Departments of Social Services (LDSS) to develop and implement a PERS program to be made available for those eligible for personal care or home health care services. In addition, regulations (18 NYCCR 505.33) were adopted and guidance was provided to the LDSS. Both the regulations and the guidance outlined PERS definitions and the scope of the service, as well as requirements for eligibility, authorization, contracting, provider responsibility, and monitoring.

The implementation of PERS has resulted in a reduction of home care costs for eligible Medicaid recipients.

Recommendation #1:

Refund \$5,516,838 to the Federal Government.

Response #1

In conjunction with the Department, OMIG will review the identified claims, and determine an appropriate course of action.

Recommendation #2:

Reinforce with the local districts the Medicaid requirements related to claiming Federal reimbursement for PERS.

Response #2

The Department has issued many policies and guidance materials to the LDSS regarding utilization and claiming of PERS in an effort to reinforce compliance with both the State and Federal reimbursement requirements for PERS. Further, the specific billing guidelines for PERS are posted for public access on the eMedNY website, which can be found here: <https://www.emedny.org/ProviderManuals/PERS/index.aspx>

The Department has attached a detailed listing of all the policies and guidance materials that have been issued regarding PERS. The Department will review these documents, and plans to develop and issue updated guidance materials to ensure the proper utilization and claiming of this service. (See attachment 1)

Recommendation #3:

Provide oversight of the local districts to ensure PERS comply with Medicaid requirements.

Response #3

The Department has issued many policies and guidance materials to the LDSS regarding utilization and claiming for PERS in an effort to reinforce our monitoring of this service and the LDSS' compliance with all PERS requirements. The Department will continue to provide guidance as needed through routine auditing of the LDSS.

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State Master Policy List - PERS			
Policy Name	Release Date	Policy Link	Effective Date
91 ADM-42 Personal Emergency Response Services (PERS) Procedures and Guidelines	10/25/1991	http://otda.ny.gov/policy/directives/1991/ADM/91_ADM-42.pdf	11/1/1991
91 ADM 42 Appendix A	11/7/1991	http://otda.ny.gov/policy/directives/1991/ADM/91_ADM-42_errata.pdf	
92 ADM-50 Fiscal Assessment and Management of Home Health Services	12/1/1992	http://otda.ny.gov/policy/directives/1992/ADM/92_ADM-50.pdf	1/1/1993
92 ADM-50 Attachments 7-9		http://otda.ny.gov/policy/directives/1992/ADM/92_ADM-50-attach7-9.pdf	
92 LCM-189 Personal Emergency Response Services (PERS) UL Safety Standard	12/8/1992	http://otda.ny.gov/policy/directives/1992/LCM/92_LCM-189.pdf	12/8/1992
93 LCM-51 Chapter 59 of the Laws of 1993 and Home Care Services	5/13/1993	http://otda.ny.gov/policy/directives/1993/LCM/93_LCM-051.pdf	
93 LCM-57 Chapter 59 of the Laws of 1993: Personal Emergency Response Services (PERS) and Shared Aide Cost Savings Targets	6/1/1993	http://otda.ny.gov/policy/directives/1993/LCM/93_LCM-057.pdf	
94 LCM-80 Personal Emergency Response Services (PERS) Use of Language Translation Services	7/8/1994	http://otda.ny.gov/policy/directives/1994/LCM/94_LCM-080.pdf	
94 LCM-101 Personal Emergency Response Services (PERS) and Shared Aide Cost Savings Targets Repealed	8/22/1994	http://otda.ny.gov/policy/directives/1994/LCM/94_LCM-101.pdf	
95 LCM-98 Personal Emergency Response Services (PERS) Standards: Proposed Administrative Directive	8/24/1995	http://otda.ny.gov/policy/directives/1995/LCM/95_LCM-098.pdf	
95 LCM-101 Chapter 81 of the Laws of 1995: Personal Emergency Response Services (PERS) and Shared Aide Cost Savings Targets	9/12/1995	http://otda.ny.gov/policy/directives/1995/LCM/95_LCM-101.pdf	
96 LCM-24 Assisted Living Program (ALP) Rates and Rate Codes	3/7/1996	http://otda.ny.gov/policy/directives/1996/LCM/96_LCM-024.pdf	
96 ADM-12 Submission of Local Plans for Exempt Areas 1995-96 State Share Administrative Cap	6/12/1996	http://otda.ny.gov/policy/directives/1996/ADM/96_ADM-12.pdf	7/1/1996
GIS 04 MAV029 Personal Emergency Response Services (PERS)	11/26/2004	https://www.health.ny.gov/health_care/medicaid/publications/docs/gis/04ma029.pdf	11/26/2004
Personal Emergency Response Service Manual Policy Guidelines (2004)		https://www.emedny.org/ProviderManuals/PERS/PDFS/PERS_Manual_Policy_Section.pdf	
GIS 09 CLTC/003 EMedNY Personal Emergency Response Services (PERS) Combination Edits	4/10/2009	https://www.health.ny.gov/health_care/medicaid/publications/docs/gis/09cltc003.pdf	4/10/2009
New York State Medicaid Update - June 2009 Volume 25, Number 7	6/1/2009	https://www.health.ny.gov/health_care/medicaid/program/update/2009/2009-06.htm#eme	
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