

Consumer Directed Personal Assistance Program (CDPAP)
(2010-2011 Implementation Plan)

Name of Social Services District: _____

Name/Title of Person Completing: _____

Phone Number: _____ Fax Number: _____

Email address: _____

Date of completion: _____

1. How will the local department of social services (LDSS) assure that eligible home care recipients receive **annual** notification of the availability of the Consumer Directed Personal Assistance Program? Check all that apply:

____ Written notification about the CDPAP and of its availability will be provided to eligible consumers during home care assessment/reassessment visits.

____ Written notification about the CDPAP and of its availability will be included in home care services authorization and reauthorization notices issued by the LDSS.

____ Other, please describe:

2. In addition to annual CDPAP consumer notification efforts, what other options will the LDSS pursue to increase CDPAP participation?

Check all that apply:

____ Train Case Managers and Nurse Assessors on the CDPAP

____ Have available CDPAP literature for downloading on the LDSS website

_____Assure that CDPAP Information is available from NYCONNECTS or other information and referral source supported by LDSS

_____Provide physicians, housing authority staff and community agency staff with CDPAP information and how to access

_____ Collaborate with other local Long Term Care stakeholders, e.g. Area Agency on Aging in promoting awareness of the CDPAP as a home care service option

_____Other, Please Describe:

3. Please submit copies of any locally developed CDPAP documents or materials (e.g, CDs, brochures, etc) developed for outreach to consumers and families, community agencies or professionals. If material is available online, please provide the website link.

Website address: _____

4. What percentage of increase in CDPAP participation does your LDSS anticipate in Calendar Year (CY) 2011? _____

Describe how you determined the projected increase?

If you **do not** anticipate an increase in CDPAP cases, please indicate the factors that may impact CDPAP expansion in your district:

Please return by November 30, 2010. Submissions may be sent electronically or by mail to:

Leslie Galusha
New York State Department of Health
Office of Long Term Care
161 Delaware Avenue
Delmar, New York 12054
lak03@health.state.ny.us

Questions regarding completion of the CDPAP Implementation Form may be directed to Leslie Galusha at (518) 474-5888.