

NEW YORK STATE  
RESIDENTIAL HEALTH CARE FACILITY  
ACCOUNTING AND REPORTING MANUAL

CHAPTER 8

MANUAL REVISIONS AND INTERPRETATIONS

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: MANUAL REVISIONS AND INTERPRETATIONS

This Chapter contains the procedures for requesting interpretations and special waivers as well as a section in which interim revisions and interpretations made in administering the manual should be located.

Nursing homes may have significant questions relative to the meaning and interpretation of various aspects of the manual. Correspondence requesting interpretations should include suggestion on how the issue in question should be handled and considered by the Technical Advisory Committee. Correspondence requesting interpretations and/or waivers with supporting documentation should be sent to:

New York State Department of Health  
Division of Health Care Financing  
Empire State Plaza  
Albany, New York 12237

If it is judged that the interpretations provided by the Department for an individual institution are significant to the total industry, it will issue revisions and interpretations to all homes in the state.

Major instances or items for which approval or interpretation may be sought include:

- interpretation of manual statements as applied to specific nursing home entity

STATE OF NEW YORK



DEPARTMENT OF HEALTH OFFICE OF HEALTH SYSTEMS MANAGEMENT

LOWER BUILDING • THE GOVERNOR NELSON A. ROCKEFELLER EMPIRE STATE PLAZA • ALBANY, N.Y. 12237

WID AXELROD, M.D.  
Commissioner

May 19, 1981

JOANNE M. J. QUAN  
Deputy Director  
Division of Health Care Financing

Dear Administrator/Comptroller:

We have completed our survey of the performance of the activity of making beds for health related facility patients. As you know, this function was originally assigned to the Housekeeping Services functional reporting center.

The responses to the questionnaire indicated overwhelmingly that bedmaking for the majority of health related facility patients is performed by nurses and/or nursing services personnel. Of the 226 responses received, 188 or 83.2% reported that only nurses and/or nursing services personnel make beds for health related facility patients. Therefore, beginning with the 1981 cost report, the costs associated with this activity must be reported under the "Health Related Facility" (HRF) functional reporting center.

If other than nurses and/or nursing services personnel (e.g. Housekeeping) are making beds for health related facility patients, time studies must be done to determine the necessity for reclassification of significant costs into the HRF functional reporting center. Ordinarily, time studies should be performed for a two-week period in each quarter of the year. For 1981 reporting only, since the first quarter has already passed, the results of two-week time studies in each of the remaining three quarters of 1981 will be permitted to be used as a basis for determining the need to reclassify the misplaced costs associated with the activity of making beds for health related facility patients.

As part of our continuing effort to attain uniform reporting and at the same time minimize the number of time studies, reclassifications, etc., we are taking this opportunity to solicit your recommendations for correcting any problem areas similar to the misassignment of the function of making beds for health related facility patients to Housekeeping. Complete the attached survey if there is an area of the Manual which contradicts the actual performance of an activity in your facility and you believe the situation is common to the industry as a whole. The survey should be returned by June 15, 1981.

If you should have any questions concerning the results of the bedmaking survey or the completion of the attached form, please contact Mr. Joseph L. Angerami at (518) 473-8822.

Very truly yours,

William J. Gormley  
Director  
Bureau of Residential Health Care  
Facility Reimbursement

Attachment

COMPLETE THIS QUESTIONNAIRE IF YOUR FACILITY HAS A HEALTH RELATED FACILITY PROGRAM EITHER AS A FREE STANDING FACILITY OR AS PART OF A MULTILEVEL OF CARE FACILITY.

Indicate below which of your staff performs the function of making beds for health related facility patients:

Nursing ☐

Nursing Services Personnel (Aides, etc.) ☐

Housekeeping ☐

Other (Please Describe) ☐

Name of Facility\* \_\_\_\_\_

Operating Certificate No. \_\_\_\_\_

Please return this form by April 15, 1981 to:

Mr. Joseph L. Angerami  
Principal Health Care Fiscal Analyst  
Office of Health Systems Management  
Bureau of Residential Health Care Facility Reimbursement  
Empire State Plaza  
Tower Building, Room 932  
Albany, New York 12237

\*The identification of the facility is required for control purposes only, i.e. to ensure that each facility provides only one response.