

NYC HEALTH & HOSPITALS CORPORATION
HEALTH & HOME CARE
160 Water Street, 9th floor
New York, NY 10038

Home Attendant Conversion Transmittal Sheet

BRONX

MANHATTAN

QUEENS

MEDMAX (M11Q)

CONVERSION PKG (M11Q & M27R)

HASA (M11Q)

ACS HOME MAKER (M11Q)

RN NAME: _____

PT. NAME: _____

Date Submitted to Office Manager/Designee: _____

Sign: _____

Date Sent to Central Office: _____

Sign: _____

Date Received by Central Office: _____

Sign: _____

OUTCOME

Date Sent to Central Conversion Unit: _____

Sign: _____

Date Sent to CASA: _____

Sign: _____

Date Returned to RN (incomplete info): _____

Sign: _____

HHC

CENTRAL CONVERSION UNIT COVER SHEET

EHD Number _____

Referral Date _____
Number of Pages _____

CHHA Health & Home Care CHHA LIAISON _____ PHONE 646-458-6448

PRIMARY CLIENT'S Last Name, First Name		BIRTHDATE	SOCIAL SECURITY	MEDICAID NUMBER
HOME ADDRESS No. St. Apt. Zip		Borough	AREA CODE & TELEPHONE NUMBER	

MUTUAL CASE if any
Mutual Surname, First

MUTUAL SOCIAL SECURITY NUMBER

PRIMARY CLIENT'S CURRENT LOCATION IF NOT HOME:
 HOSP _____ OTHER _____

CLIENT LIVES ALONE
 NO, with whom _____

CURRENT HHA SERVICE

HHA START DATE _____
 Days _____ Hours _____ Week Total _____

MEDICAID EXPIRATION DATE _____

Recert Package: Y N

Conversion from month to month Y N

-
- *PERS - Was PERS installed by CHHA?
-
- Is it in home at date of referral?
- Yes No
- If yes: Start Date _____
- Expiration Date _____
-
- *Attach PERS Evaluation?
-
- *Evaluation if required whether PERS was installed or not
-

CHECKLIST OF DOCUMENTS SENT BY CHHA/RECEIVED BY HCSP

Sent by Vendor		Received by HCSP
1.	<input type="checkbox"/>	M11Q-Medical Request for Home Care <input type="checkbox"/>
2.	<input type="checkbox"/>	M27R-Nurse's Assessment Visit Report <input type="checkbox"/>
3.	<input type="checkbox"/>	M27R Addendum <input type="checkbox"/>
4.	<input type="checkbox"/>	PERS Evaluation <input type="checkbox"/>
5.	<input type="checkbox"/>	Medicaid Recert Package _____ <input type="checkbox"/>
6.	<input type="checkbox"/>	Other 485 _____ <input type="checkbox"/>

*required documents

to be completed by Central Conversion Unit: HA Start Date _____ Vendor _____

Billable Hours _____ Auth Period _____ CC Y N

If CHHA installed PERS, was it continued Y N or removed Y N