

INDIVIDUAL AND COMMUNITY SUPPORTS - Plan

Version:				10/4/2013	
1. Individual's Information					
Individual's Name:		Date of Birth:		Sex:	
Street Address:					
City/State/Zip:			County:		
Individual's Phone Number:			Individual's E-mail:		
Medicaid ID Number:			TABS ID Number:		
Is the individual HCBS Waiver eligible/enrolled?		Have all other benefits been applied for, i.e., Food Stamps, HEAP, HUD, etc?			
What type of plan is described in this document?				Residential Only	
DDP Adaptive:		DDP Health:		DDP Behavior:	
Is the individual: 1) less than 22 years old and 2) residing with parents or legal guardian and 3) eligible to receive or receiving services through the school district? Select "Yes" ONLY if all three criteria are met.					No
PRA Residential:		PRA OTR:		Both PRA:	
\$ 56,002		\$ -		\$ -	
Is this a first time plan submission, or is it an amendment of an already approved plan?				Amendment	
This individual is requesting a housing subsidy:		This individual is interested in employment or employment supports:			
Yes					
Family/Circle Contact (optional):					
Contact Phone:			Contact E-mail:		
DDSO:		Regional Office:		1 - Western New York & Finger Lakes	
DDSO Contact:		DDSO Contact Phone:		(585) 461-8775	
DDSO Contact E-mail:		jennifer.czyryca@opwdd.ny.gov			
Service Coordinator's Name:					
Street Address:			City/State/Zip:		
Service Coordinator's Phone:			Service Coordinator's E-mail:		
Agency Affiliation:					
If accessing only a Housing Subsidy , stop here, go to the "Housing" tab below and complete the "Housing Subsidy" page.					
If only purchasing services from an OPWDD provider , stop here and go to the "Service Budget" tab to enter the agency purchased services.					
If accessing a Housing Subsidy and purchasing services from an OPWDD provider , stop here and: 1) go to the "Service Budget" tab to enter the agency purchased services, then 2) go to the "Housing" tab below and complete the "Housing Subsidy" page.					
If using a Financial Management Services agency (FMS), complete sections 2 - 8 below - required when self-directing staff or when using "Consultants/Community Vendor Supports," "Transportation Stipend" or "Other Than Personal Services Costs" ICS Budget categories					
2. Financial Management Services Agency (FMS) - required when self-directing staff or when using "Consultants/Community Vendor Supports," "Transportation Stipend" or "Other Than Personal Services Costs" ICS Budget categories					
3. Broker's Name:		Broker's Signature:		Signature Date:	
Street Address:		Signature Date:		Broker Phone:	
City/State/Zip:		Broker Phone:		Broker E-mail:	
Agency Affiliation:		Broker E-mail:			
4. Individual's Signature (indicates content approval):				Signature Date:	
5. Designations					
Documents		Designee(s)			
CSS Monthly Summary Note					
Employee Time Sheets/Daily Service Records					
Invoices/Service Records for Contracted/Vendor Services					
Individualized Services Plan & Budget Reviews & Amendments					
Mileage Logs					
Other					

6. Individual Profile - In the spaces provided, please briefly describe:

Describe the individual's family situation, natural supports and Circle of Support. Is the individual living with family or living independently?

Describe the individual's transportation capability, resources, and needs.

Is the individual now successfully employed, in need of employment supports or interested in working toward employment?

Describe relevant information about the individual's disability and health.

Describe the services the individual is currently receiving from any source.

Other?

7. Valued Outcomes

1. Valued Outcome:	
Supports/Services:	
2. Valued Outcome:	
Supports/Services:	
3. Valued Outcome:	
Supports/Services:	
4. Valued Outcome:	
Supports/Services:	
5. Valued Outcome:	

Supports/Services:	
6. Valued Outcome:	
Supports/Services:	
7. Valued Outcome:	
Supports/Services:	
8. Valued Outcome:	
Supports/Services:	

8. Safeguards - Areas	Expected result:	Supports and services to address this Safeguard:	Who is responsible for training staff on this Safeguard?
Guardianship - (responsible party)			
Fire Safety - (evacuation capability, assistance supports needed)			
Emergency Planning – (responsible party to assist individual to develop and carry out emergency plans (sheltering in place, identifying a plan and location if the individual needs to relocate)			
Medication Administration - (self-administering or supports needed)			
Informed Consent for General Non-Emergency Medical Procedures - (responsible party who may give consent)			
Informed Consent for Psychotropic Medication - (responsible party who may give consent)			
Budgeting - (money management)			
Medical/Health Concerns/Reactions - (asthma, allergies, conditions, aspiration, medication sensitivities, e.g., dairy, peanuts, ingestion difficulties, etc.)			
Nutritional Concerns - (precautions regarding intake)			
Protective Oversight/Level of Supervision - (level of supervision or verbal direction required; special circumstances, if any)			

Transportation - (self traveler or supports needed)			
Communication Connections - (include emergency strategies needed, cell phone need, etc.)			
Other - (behavioral concerns, inappropriate social conduct, etc.)			

INDIVIDUAL AND COMMUNITY SUPPORTS - Budget

0

0

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	Annual Staff Hours	Total Staff Salary	Fringe %	Total Annual Staff Salary
Self-Directed Habilitation Supports				\$0
Self-Directed Respite				\$0

	Annual Staff Hours	Total Staff Salary	Fringe %	Total Annual Staff Salary
Self-Directed Employment Services				
Vocational Assessment				Residential Only has been selected
Discovery				Residential Only has been selected
Job Readiness				Residential Only has been selected
Job Development				Residential Only has been selected
Job Coaching				Residential Only has been selected
Other Employment Supports (If Needed)				Residential Only has been selected
Total Self-Directed Employment				\$0

OPWDD Provider Purchased Supports (If Applicable)

Service/Support	Provider	# Units/yr.	Rate/Unit	Total Annual Cost
SEMP				\$0
Day Habilitation				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
Total OPWDD Provider Purchased				\$0

Transportation Stipend (If Applicable)

Dollar amount requested for service-related transportation - may be used for transportation related to activities in support of a Safeguard or a Valued Outcome.

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Consultants/Community Vendor Supports (If Applicable)

Service/Support	Consultant/Community Vendor	# Units/yr.	Rate/Unit	Total Annual Cost
Support Broker				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
Total Consultants/Community Vendor Cost (Does not include Support Broker)				\$0

Respite - Family Reimbursed

Dollar amount requested for Family Reimbursed Respite.

Total Requested

Other Than Personal Service Costs (If Applicable)

Items	# Units/yr.	Rate/Unit	Total Annual Cost
Staff Activity Fee			\$0
Cell Phone			\$0
Adult Education			\$0
Staff Advertising and Recruitment			\$0
Other: Please Specify:			\$0
Other: Please Specify:			\$0
Other: Please Specify:			\$0
Total OTPS Cost			\$0

Housing Subsidy (If Applicable)

\$0

Other OPWDD, or Other Agency Services (If Applicable)

Service	Provider	# Units/yr.	Rate/Unit	Total Annual Cost
Environmental Modifications				\$ -
Assistive Technology-Adaptive Devices				\$ -
Intensive Behavioral Services				\$ -
ACCES-VR				\$ -
IRA/CR				\$ -
Family Care				\$ -
Other: Please Specify:				\$ -
Other: Please Specify:				\$ -
Other: Please Specify:				\$ -
Other: Please Specify:				\$ -

Total Service Budget:	\$ -
Agency Administration:	\$ -
Program Administration:	\$ -
Total Services and Admin:	\$ -

Annual State Funded:	\$ -
Annual Medicaid Funded:	\$ -
Total:	\$ -

Total PRA or Authorized Amount:	\$ 56,002
Total Services and Admin:	\$ -
Difference:	\$ 56,002

**Individual and Community Supports
Housing Subsidy Budget Application**

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I. Participant Information

Individual's Name				TABS ID	0
DDRO	Finger Lakes	DDRO	1	County	0
Housing Subsidy Provider				b. Contact/Phone #:	
Agency Address				Corp ID	
a. Price ID/ Contract #				Quick Pay - Transition Stipend	
a. Budget Start Date:	01/01/21	b. Budget End Date:	12/31/21	Enrolled in ISS before 10/01/10	No
				Date Enrolled:	

II. Household Information

a. Residents

Individual	1
Spouse/Significant Other	0
No. Dependent Children	0
Other individuals (non-staff)	0
Total Residents	1

b. Other Resident Information

Name (Optional)	Relationship	Age	OPWDD Eligible

No. Bedrooms in Home		Type of Housing		Does the ISS recipient receive Section 8 or USDA Rural Development Section 521?	
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III. Countable Income - Input monthly amounts.

	Individual	Spouse/ Significant Other	Children
SSI	\$ -	\$ -	\$ -
SSDI	\$ -	\$ -	\$ -
Welfare Assistance/TANF	\$ -	\$ -	\$ -
Wages/Salary	\$ -	\$ -	\$ -
Unemployment Insurance	\$ -	\$ -	\$ -
Workers Compensation	\$ -	\$ -	\$ -
Other (Specify)	\$ -	\$ -	\$ -
Other (Specify)	\$ -	\$ -	\$ -
Other (Specify)	\$ -	\$ -	\$ -
Total Countable Income	\$ -	\$ -	\$ -

Deductions to Income - Input monthly amounts.

	Individual	Spouse/Significant Other
Medicaid Spend Down/Buy in Premium	NA \$ -	NA \$ -
Out of Pocket Medical Expenses	NA \$ -	NA \$ -
Health Insurance Premiums	NA \$ -	NA \$ -
Allowed Medical/Health Deduction	\$ -	NA \$ -
Unreimbursed Attendant Care for Disabled Family Member	NA \$ -	\$ -
Allowed Attendant Care Deduction	\$ -	NA \$ -
Dependent Children Deduction	\$ -	NA \$ -
Personal Allowance Equivalent	\$ 200	NA \$ -
Daycare Expenses - Children < 13 yrs.	\$ -	NA \$ -
Other Eligible Deductions	\$ -	NA \$ -
Total Deductions	\$ 200	NA \$ -

Dependents Income	\$ -	NA \$ -	NA
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Net Income	\$ (200)	NA \$ -	NA
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IV. Housing Subsidy -- Housing is defined as rent; utilities included in lease; water and sewer; renter's or homeowner's insurance; if individual owns or is co-owner of the residence, mortgage payment including taxes, condo association fees, co-op maintenance fees.

Maximum Housing Subsidy

No. Bedrooms in Home	0	No. Allowed Bedrooms per Subsidy Calculation	0
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Maximum Household Housing Subsidy	#N/A
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Housing Costs

	Individual Share	Dependents Share
Household Housing Costs	\$ -	\$ -
Heat, Gas, and Electric not included in Rent	\$ -	\$ -
Insurance Costs	\$ -	\$ -

**Individual and Community Supports
Housing Subsidy Budget Application**

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Subsidy Calculation:

Total Housing Subsidy Requested	\$ -
Gross Housing Contribution	\$ (60)
Utility/Insurance Offset	\$ -
Net Housing Contribution	\$ -
Calculated Maximum Monthly Housing Subsidy Allowed	#N/A
Supplement to Calculated Housing Subsidy	\$ -
Total DDRO Allowed Subsidy Including Supplement	\$ -
Monthly Subsidy to be Paid	#N/A
Administration	15.00%
Annual Subsidy to be Paid w/ Admin	#N/A

Subsidy Calculation Exceptions:

Requested Supplement to Housing Subsidy	\$ -
Reason for Exception	
If "Other" Enter Exception Reason:	
Housing Subsidy Paid prior to 10/01/2010	\$ -
Calculated Maximum Supplement to Housing Subsidy:	\$ -
DDRO Recommended Supplement	\$ -
Allowed Supplement to Calculated Subsidy:	\$ -

Remaining Income	
Countable Income	\$ -
Individual's Share of Housing Costs	
Net Housing Contribution	\$ -
Rent above payment standard	#N/A
Utilities	\$ -
Insurance	\$ -
Total Housing Costs	#N/A
Income Available for other Household Expenses	#N/A
Food Stamps	\$ -
Total Income Available for Household Expenses	#N/A

Transition Stipend Calculation

Has a transition stipend been previously provided?		If yes, date:		Description	
Transition stipend base request (up to \$3,000).	\$ -				
Is the individual requesting one month's rent?	No	Amount Requested for Security or First Months Rent			
Maximum Available for Security Deposit or First Month's Rent	\$ -				
Allowed Sec Deposit/First Month's Rent	\$ -				
Administration	10.00%				
Total Transition Stipend	\$ -				

Please Complete Application tab Sections 1 and 2 in it's entirety, if applicable.

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VERSION:
10/4/2013

INDIVIDUAL AND COMMUNITY SUPPORTS PERSONAL RESOURCE ACCOUNT (PRA) ANNUAL ALLOCATION

These amounts represent the **OPWDD gross amount** of the total available PRA.

Bernard Finestone, Brooklyn, Metro, Staten Island DDSOs													
LEVELS	Behavior 1			Behavior 2			Behavior 3			Behavior 4			Total
	Residential	Day	Total	Residential	Day	Total	Residential	Day	Total	Residential	Day	Total	
Direct Care Support - 1	\$ 69,185	\$ 23,316	\$ 92,501	\$ 70,578	\$ 24,230	\$ 94,807	\$ 71,801	\$ 25,377	\$ 97,178	\$ 72,919	\$ 25,805	\$ 98,724	\$ 98,724
Direct Care Support - 2	\$ 78,548	\$ 24,612	\$ 103,160	\$ 79,494	\$ 26,377	\$ 105,871	\$ 80,803	\$ 26,727	\$ 107,530	\$ 81,998	\$ 27,939	\$ 109,937	\$ 109,937
Direct Care Support - 3	\$ 89,948	\$ 28,042	\$ 117,990	\$ 91,129	\$ 28,777	\$ 119,906	\$ 91,919	\$ 29,663	\$ 121,582	\$ 92,900	\$ 30,921	\$ 123,821	\$ 123,821
Direct Care Support - 4	\$ 97,422	\$ 31,000	\$ 128,421	\$ 99,209	\$ 31,770	\$ 130,979	\$ 100,858	\$ 32,757	\$ 133,615	\$ 102,084	\$ 33,718	\$ 135,802	\$ 135,802
Direct Care Support - 5	\$ 107,883	\$ 33,688	\$ 141,549	\$ 110,713	\$ 34,559	\$ 145,273	\$ 112,112	\$ 35,318	\$ 147,431	\$ 113,309	\$ 36,439	\$ 149,748	\$ 149,748
Direct Care Support - 6	\$ 115,172	\$ 36,857	\$ 152,029	\$ 117,594	\$ 37,613	\$ 155,207	\$ 119,213	\$ 38,377	\$ 157,590	\$ 120,994	\$ 39,615	\$ 160,609	\$ 160,609
Direct Care Support - 7	\$ 122,788	\$ 37,473	\$ 160,261	\$ 123,895	\$ 38,115	\$ 162,011	\$ 124,923	\$ 38,620	\$ 163,544	\$ 126,703	\$ 39,884	\$ 166,587	\$ 166,587
Direct Care Support - 8	\$ 129,665	\$ 39,915	\$ 169,579	\$ 131,473	\$ 40,842	\$ 172,314	\$ 132,464	\$ 41,981	\$ 174,445	\$ 133,722	\$ 43,348	\$ 177,070	\$ 177,070

Hudson Valley, Long Island DDSOs													
LEVELS	Behavior 1			Behavior 2			Behavior 3			Behavior 4			Total
	Residential	Day	Total	Residential	Day	Total	Residential	Day	Total	Residential	Day	Total	
Direct Care Support - 1	\$ 63,329	\$ 19,946	\$ 83,275	\$ 64,602	\$ 20,650	\$ 85,252	\$ 65,719	\$ 21,354	\$ 87,074	\$ 66,741	\$ 22,058	\$ 88,799	\$ 88,799
Direct Care Support - 2	\$ 71,884	\$ 22,762	\$ 94,647	\$ 72,749	\$ 23,466	\$ 96,216	\$ 73,945	\$ 24,170	\$ 98,116	\$ 75,037	\$ 24,875	\$ 99,912	\$ 99,912
Direct Care Support - 3	\$ 82,301	\$ 25,579	\$ 107,880	\$ 83,380	\$ 26,833	\$ 110,213	\$ 84,102	\$ 26,987	\$ 111,089	\$ 84,999	\$ 27,691	\$ 112,689	\$ 112,689
Direct Care Support - 4	\$ 89,130	\$ 28,395	\$ 117,525	\$ 90,763	\$ 29,099	\$ 119,862	\$ 92,270	\$ 29,803	\$ 122,073	\$ 93,390	\$ 30,507	\$ 123,897	\$ 123,897
Direct Care Support - 5	\$ 98,871	\$ 31,211	\$ 129,882	\$ 101,275	\$ 31,915	\$ 133,190	\$ 102,553	\$ 32,619	\$ 135,172	\$ 103,647	\$ 33,323	\$ 136,970	\$ 136,970
Direct Care Support - 6	\$ 105,349	\$ 34,027	\$ 139,376	\$ 107,563	\$ 34,731	\$ 142,294	\$ 109,042	\$ 35,435	\$ 144,477	\$ 110,669	\$ 36,139	\$ 146,808	\$ 146,808
Direct Care Support - 7	\$ 112,208	\$ 36,843	\$ 149,051	\$ 113,320	\$ 37,547	\$ 150,867	\$ 114,259	\$ 38,251	\$ 152,511	\$ 115,885	\$ 38,955	\$ 154,840	\$ 154,840
Direct Care Support - 8	\$ 118,592	\$ 39,659	\$ 158,251	\$ 120,244	\$ 40,363	\$ 160,607	\$ 121,150	\$ 41,067	\$ 162,217	\$ 122,299	\$ 42,652	\$ 164,951	\$ 164,951

Broome, Capital District, Central, Finger Lakes, Sunmount, Taconic, Western DDSOs

Broome, Capital District, Central, Finger Lakes, Sunmount, Taconic, Western DDSOs													
LEVELS	Behavior 1			Behavior 2			Behavior 3			Behavior 4			Total
	Residential	Day	Total	Residential	Day	Total	Residential	Day	Total	Residential	Day	Total	
Direct Care Support - 1	\$ 56,002	\$ 17,251	\$ 73,252	\$ 57,124	\$ 17,853	\$ 74,977	\$ 58,110	\$ 18,455	\$ 76,565	\$ 59,011	\$ 19,057	\$ 78,068	\$ 78,068
Direct Care Support - 2	\$ 63,546	\$ 19,660	\$ 83,206	\$ 64,309	\$ 20,262	\$ 84,571	\$ 65,364	\$ 20,864	\$ 86,228	\$ 66,327	\$ 21,466	\$ 87,793	\$ 87,793
Direct Care Support - 3	\$ 72,733	\$ 22,069	\$ 94,801	\$ 73,684	\$ 22,671	\$ 96,355	\$ 74,321	\$ 23,273	\$ 97,594	\$ 75,112	\$ 23,875	\$ 98,987	\$ 98,987
Direct Care Support - 4	\$ 78,755	\$ 24,478	\$ 103,233	\$ 80,195	\$ 25,080	\$ 105,275	\$ 81,524	\$ 25,682	\$ 107,206	\$ 82,512	\$ 26,294	\$ 108,796	\$ 108,796
Direct Care Support - 5	\$ 87,189	\$ 26,887	\$ 114,075	\$ 89,466	\$ 27,489	\$ 116,954	\$ 90,593	\$ 28,091	\$ 118,684	\$ 91,557	\$ 28,693	\$ 120,250	\$ 120,250
Direct Care Support - 6	\$ 93,058	\$ 29,296	\$ 122,354	\$ 95,010	\$ 29,898	\$ 124,908	\$ 96,314	\$ 30,500	\$ 126,814	\$ 97,750	\$ 31,102	\$ 128,852	\$ 128,852
Direct Care Support - 7	\$ 99,195	\$ 31,705	\$ 130,900	\$ 100,087	\$ 32,307	\$ 132,394	\$ 100,916	\$ 32,909	\$ 133,825	\$ 102,350	\$ 33,511	\$ 135,861	\$ 135,861
Direct Care Support - 8	\$ 104,237	\$ 34,114	\$ 138,350	\$ 106,193	\$ 34,716	\$ 140,909	\$ 106,992	\$ 35,318	\$ 142,310	\$ 108,006	\$ 36,674	\$ 144,680	\$ 144,680

Note: These amounts include Clinic Services and any services billed on the Medicaid card except nursing services. These amounts include State Plan Services, such as Personal Care/Home Health Aide services, Medicaid Service Coordination and clinic services. Any Housing Stipends granted are Net of Countable Income, will be included in the PRA value, thereby reducing the amount available for services. Health Care Enhancements, Transportation and all administration, including Fiscal Management Services payments are included. Persons < 22

KEY:

ISPM LEVEL
1
2
3
4
5
6

Direct Support Levels	Scoring Range	Challenging Behavior Levels	Scoring Range
0	Lookup	0	1
1	1	1	2
2	2	2	3
3	3	3	4
4	4	4	5
5	5	5	6
6	6	6	7
7	7	7	8
8	8	8	8

Direct Support	Scoring Range	Challenging Behav	Scoring Range
1	0 to 17.81	1	0 to 3.39
2	17.82 to 23.53	2	4.00 to 6.66
3	23.54 to 29.30	3	6.67 to 9.33
4	29.31 to 35.02	4	9.34 to 12.00
5	35.03 to 40.76		
6	40.77 to 46.54		
7	46.55 to 52.34		
8	52.35 to 58.16		

**2012 Monthly Payment Standards
As provided by New York State Homes and Community Renewal (HCR)**

County	HCR 2012 Monthly Payment Standard - 1 Bedroom	HCR 2012 Monthly Payment Standard - 2 Bedrooms	HCR 2012 Monthly Payment Standard - 3 Bedrooms	HCR 2012 Monthly Payment Standard - 4 Bedrooms
Albany	711	868	1,039	1,135
Albany	537	630	753	870
Bronx	1,324	1,473	1,812	2,038
Broome	593	709	925	1,085
Cattaraugus	545	660	856	982
Cayuga	615	735	915	1,060
Chautauq	543	647	835	912
Chemung	595	714	917	965
Chenango	550	650	800	1,117
Clinton	625	750	911	1,184
Columbia	756	892	1,000	1,070
Cortland	620	757	962	1,181
Delaware	556	644	824	1,047
Dutchess	944	1,156	1,417	1,510
Erie	599	719	889	982
Essex	610	730	927	1,006
Franklin	552	652	837	926
Fulton	565	714	855	907
Greene	550	790	855	1,075
Hamilton	588	715	849	984
Herkimer	561	675	828	940
Jefferson	630	754	975	1,022
Kings	1,324	1,473	1,812	2,038
Lewis	525	629	787	878
Livingston	671	820	966	1,023
Madison	648	781	980	1,062
Monroe	654	799	960	1,016
Montgomery	668	750	949	1,028
Nassau	1,339	1,600	2,100	2,200
New York	1,324	1,473	1,812	2,038
Niagara	550	660	810	900
Oneida	581	675	828	940
Ormond	623	750	960	1,040
Ontario	595	730	875	925
Orange	944	1,156	1,417	1,510
Orleans	600	730	875	925
Oswego	636	713	902	977
Otsego	645	757	1,007	1,046
Putnam	1,160	1,291	1,588	1,786
Queens	1,324	1,473	1,812	2,038
Rensselaer	713	870	1,041	1,138
Richmond	1,324	1,473	1,812	2,038
Rockland	678	1,291	1,588	1,786
Saratoga	678	828	991	1,083
Schenectady	713	870	1,041	1,138
Schoharie	713	870	1,041	1,138
Schuyler	572	686	914	944
Seneca	604	725	953	1,206
St. Lawrence	570	680	865	935
Steuben	557	670	860	949
Suffolk	1,339	1,600	2,100	2,200
Sullivan	665	860	1,025	1,185
Tioga	544	651	850	966
Tompkins	750	890	1,100	1,150
Ulster	917	1,098	1,391	1,728
Warren	667	830	1,059	1,192
Washington	602	757	955	1,075
Wayne	595	725	875	925
Westchester	1,275	1,475	1,790	2,170
Westmoreland	600	705	969	1,057
Yates	562	667	864	889

(1) HCR only has Section 8 jurisdiction in 50 counties in NYS, so the remaining counties are not represented on this list. These counties are typically operated out of a Metropolitan Housing Authority which have direct contact with HUD. The Payment Standard for these counties would not exceed 110% of FMR. For the purposes of this exercise, those counties, with the exception of New York City, the payment standard has been set at the FMR.