

Activity :	1st Quarter 2022 Statistical Information Report
Organization :	Ztest zip
Form :	Statistical Information Report
Data Entity	
Type :	Adult Care Facilities
Name :	Ztest zip
Time Period :	

Name :	Ztest zip (234)
Address 1 :	address_1
Address 2 :	
City :	Town_city
State & Zip :	NY-12124
County :	Greene (039)
Region :	Capital District Regional Office
Phone & Fax:	----- & -----

Adult Care Facility 1st Quarter Statistical Information Report

General Instructions:

To help avoid data entry errors, please make sure facility information is correct and read through all the directions before starting the Quarterly Statistical Information Report (QSIR).

Please be aware of the session time limit for data entry. We recommend that you save the form periodically while entering data to avoid losing data should the system time out.

Also please save the form after entering data in Adult Care Facility Information. The fields that are not applicable to the facility will be shaded. The facility is then required to complete only the fields that are not shaded.

All required fields () must be entered before the QSIR data is submitted.*

All numeric fields must be entered without commas or special characters.

Use ? (Help) for instructions.

Use ® for Rule information.

Although data may be entered by individuals who are designated in the Health Commerce System (HCS) Communications Directory as a Data Reporter, HPN Coordinator, or Administrator of the Adult Care Facility, only the Administrator can submit the QSIR.

Please note that failure to submit this Quarterly Statistical Information Report by the due date provided in the accompanying Dear Administrator Letter may result in enforcement action, including the imposition of civil penalties.

For questions concerning the completion of this QSIR, please contact acfqsir@health.ny.gov.

Section 1 - Adult Care Facility Information

1. Adult Care Facility Type* is a Required field.

[Adult Home]

2. Licensed Bed Capacity of the facility as on the most recent operating certificate -Total

(This field is applicable only to Adult Homes. The information is used for calculation of transitional adult home.)

--

3. Is the licensed bed capacity in the above field 80 beds or greater?

(Applicable only to adult home)

4. Does the facility have Assisted Living Residence (ALR) beds?* is a Required field. [No]

5. Does the facility have Assisted Living Program (ALP) beds?* is a Required field. [No]

6. Operating Certificate Number of the contracted Certified Home Health Agency (CHHA)

--

7. License number of the affiliated Licensed Home Care Services Agency (LHCSA)

--

Please save the QSIR before proceeding to the next section.

Section 2 - Beginning Census on January 1, 2022 12:00 AM

8. Beginning Census - TOTAL* is a Required field.

--

9. Beginning Census - ALP

--

10. Beginning Census - ALR

--

11. Beginning Census - Enhanced Assisted Living Residence (EALR)

--

12. Beginning Census - Special Needs Assisted Living Residence (SNALR)

--

Section 3-Admissions during Quarter (Jan 1 - Mar 31, 2022)

13. Admissions - TOTAL* is a Required field.

--

14. Admissions from General Hospital* is a Required field.

--

15. Admissions from Private Psychiatric Hospital* is a Required field.

--

16. Admissions from State Psychiatric Hospital* is a Required field.

--

17. Admissions from Shelter* is a Required field.

--

18. Admissions from Office of Mental Health (OMH)-Funded Housing * is a Required field.

--

19. Admissions from Office of People with Development Disability (OPWDD) Facility* is a Required field.

--

20. Admissions from Other Adult Care Facility* is a Required field.

--

21. Admissions from Nursing Home* is a Required field.

--

22. Admissions from Other Sources *

5

23. Admissions from Other Sources -- Specify Source(s)

--

Section 4-Discharges during Quarter (Jan 1 - Mar 31, 2022)

24. Discharges - TOTAL * is a Required field.

--

25. Discharges to General Hospital * is a Required

--

field.	
26. Discharges to Private Psychiatric Hospital * is a Required field.	
27. Discharges to State Psychiatric Hospital* is a Required field.	
28. Discharges to Shelter * is a Required field.	
29. Discharges to OMH-Funded Housing* is a Required field.	
30. Discharges to OPWDD Facility* is a Required field.	
31. Discharges to Other Adult Care Facility* is a Required field.	
32. Discharges to Nursing Home* is a Required field.	
33. Discharges to Private Residence* is a Required field.	
34. Discharges to Other Facility * is a Required field.	
35. Discharges due to Death* is a Required field.	

Section 5 - Ending Census on March 31, 2022 11:59 PM

36. Quarter-End Census - TOTAL* is a Required field.	
37. Quarter-End Census - ALP	
38. Quarter-End Census - ALR	
39. Quarter-End Census - EALR	
40. Quarter-End Census - SNALR	

Section 6 - Ending Census - Age Category

41. Number of Residents Aged 18-55* is a Required field.	
42. Number of Residents Aged 56-65* is a Required field.	
43. Number of Residents Aged 66-80 * is a Required field.	
44. Number of Residents Aged 81-99* is a Required field.	
45. Number of Residents Aged 100 or greater* is a Required field.	

Section 7 - Ending Census Pay Source Category

46. Number of Residents Private Pay * is a Required field.	
47. Number of Residents Medicaid Spend Down* is a Required field.	
48. Number of Residents Receiving SSI and/or SSP* is a Required field.	
49. Number of Residents Receiving Safety Net* is a Required field.	

Section 8 - Ending Census Serious Mental Illness

Definitions:

Serious Mental Illness (SMI):

Per 18 NYCRR, Section 487.2(c), persons with serious mental illness means individuals who meet criteria established by the Commissioner of Mental Health, which shall be persons who have a designated diagnosis of mental illness under the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (but not a primary diagnosis of alcohol or drug disorders, organic brain syndromes, developmental disabilities or social conditions) and whose severity and duration of mental illness results in substantial functional disability. (Refer to DAL 13-01 Attachment A).

An individual is presumed to have a substantial functional disability as a result of mental illness if the individual:

- received treatment from a mental health services provider operated, licensed or funded by OMH since July 8, 2011, unless a Health Home or MLTCP determines, based on information which the Health Home or MLTCP shall document, that the individual's mental illness has not resulted in a substantial functional disability; or

- is under the age of 65 and receives Supplemental Security Income ("SSI") or Social Security Disability Insurance ("SSDI") due to mental illness (but not a primary diagnosis of alcohol or drug disorders, organic brain syndromes, developmental disabilities or social conditions) and according to a written final administrative determination from the Social Security Administration specifying that the individual was awarded SSI or SSDI due to mental illness, unless a Health Home or MLTCP determines, based on information which the Health Home or MLTCP shall document, that the individual's mental illness has not resulted in a substantial functional disability.

Transitional Adult Home:

Per 18 NYCRR, Section 487.13 (a)(b)(1) A transitional adult home is an adult home with a certified capacity of 80 beds or more in which 25 percent or more of the resident population are persons with serious mental illness as defined in subsection 487.2(c) of this Part.

50. Number of Residents with a Diagnosis of Serious Mental Illness - TOTAL * is a Required field.

Section 8A - Transitional Adult Home

Total Per cent of SMI residents

51. Transitional Adult Home

(Please check the box if the above is 25 or greater)

If not a Transitional Adult Home, complete and submit the Quarterly Statistical Information Report to certify compliance.

If a Transitional Adult Home, upon submission of the

Quarterly Statistical Information Report, please know the facility will be required to update the existing Roster of Adult Home Residents (Excel spreadsheet) listing ALL residents.

Section 8B - Ending Census - SMI Category

52. Number of Residents with a Diagnosis of Serious Mental Illness - ALP

53. Number of Residents with a Diagnosis of Serious Mental Illness - ALR

54. Number of Residents with a Diagnosis of Serious Mental Illness - EALR

55. Number of Residents with a Diagnosis of Serious Mental Illness - SNALR

Section 8C - Ending Census- SMI Services

56. Number of Residents Not Receiving Mental Health Services for Serious Mental Illness* is a Required field.

57. Number of Residents Receiving Mental Health Services for Serious Mental Illness* is a Required field.

58. Name(s) of Mental Health Services Provider

Section 8D - Ending Census - SMI Services Site

59. Number of Residents Receiving Services for Serious Mental Illness, On-site ONLY* is a Required field.

60. Number of Residents Receiving Services for Serious Mental Illness, Off-site ONLY* is a Required field.

61. Number of Residents Receiving Services for Serious Mental Illness, both On-site and Off-site* is a Required field.

Section 9 - Quarterly Statistical Info Report Attestation

I attest that all of the responses furnished in the Adult Care Facility Quarterly Statistical Information Report are true and accurate.

**Required Fields. ** Repeatable Sections.*

Form Rules:

[1] 13. Admissions - TOTAL MUST BE EQUAL TO 14. Admissions from General Hospital + 15. Admissions from Private Psychiatric Hospital + 16. Admissions from State Psychiatric Hospital + 17. Admissions from Shelter + 18. Admissions from Office of Mental Health (OMH)-Funded Housing + 19. Admissions from Office of People with Development Disability (OPWDD) Facility + 20. Admissions from Other Adult Care Facility + 21. Admissions from Nursing Home + 22. Admissions from Other Sources

[2] 24. Discharges - TOTAL MUST BE EQUAL TO 25. Discharges to General Hospital + 26. Discharges to Private Psychiatric Hospital + 27. Discharges to State Psychiatric Hospital + 28. Discharges to Shelter + 29. Discharges to OMH-Funded Housing + 30. Discharges to OPWDD Facility + 31. Discharges to Other Adult Care Facility + 32. Discharges to Nursing Home + 33. Discharges to Private Residence + 34. Discharges to Other Facility + 35. Discharges due to Death

[3] 36. Quarter-End Census - TOTAL MUST BE EQUAL TO 8. Beginning Census - TOTAL + 13. Admissions - TOTAL - 24. Discharges - TOTAL

[4] 36. Quarter-End Census - TOTAL MUST BE EQUAL TO 41. Number of Residents Aged 18-55 + 42. Number of Residents Aged 56-65 + 43. Number of Residents Aged 66-80 + 44. Number of Residents Aged 81-99 + 45. Number of Residents Aged 100 or greater

[5] 36. Quarter-End Census - TOTAL MUST BE EQUAL TO 46. Number of Residents Private Pay + 47. Number of Residents Medicaid Spend Down + 48. Number of Residents Receiving SSI and/or SSP + 49. Number of Residents Receiving Safety Net

[6] 8. Beginning Census - TOTAL CANNOT BE LESS THAN 9. Beginning Census - ALP + 10. Beginning Census - ALR

[7] 36. Quarter-End Census - TOTAL CANNOT BE LESS THAN 37. Quarter-End Census - ALP + 38. Quarter-End Census - ALR

[8] 50. Number of Residents with a Diagnosis of Serious Mental Illness - TOTAL MUST BE EQUAL TO 56. Number of Residents Not Receiving Mental Health Services for Serious Mental Illness + 57. Number of Residents Receiving Mental Health Services for Serious Mental Illness

[9] 50. Number of Residents with a Diagnosis of Serious Mental Illness - TOTAL MUST BE EQUAL TO 59. Number of Residents Receiving Services for Serious Mental Illness, On-site ONLY + 60. Number of Residents Receiving Services for Serious Mental Illness, Off-site ONLY + 61. Number of Residents Receiving Services for Serious Mental Illness, both On-site and Off-site

[10] Total Per cent of SMI residents IS THE RESULT OF 50. Number of Residents with a Diagnosis of Serious Mental Illness - TOTAL / 2. Licensed Bed Capacity of the facility as on the most recent operating certificate -Total

(This field is applicable only to Adult Homes. The information is used for calculation of transitional adult home.)

x 100

[11]

51. Transitional Adult Home

(Please check the box if the above is 25 or greater)

IS REQUIRED IF VALUE IN RANGE Total Per cent of SMI residents to Licensed Bed Capacity

(This is an automatic calculation field) 24 201

[12] 50. Number of Residents with a Diagnosis of Serious Mental Illness - TOTAL CANNOT BE LESS THAN 52. Number of Residents with a Diagnosis of Serious Mental Illness - ALP + 53. Number of Residents with a Diagnosis of Serious Mental Illness - ALR