

This survey collects information on Certified Home Health Agency (CHHA) and Long-Term Home Health Care Program capacity, availability of supplies and additional information related to COVID-19.

CHHAs that sponsor a Long Term Home Health Care Program (LTHHCP) must combine the data for both agencies and report on this form.

All data must be submitted by 2 p.m. daily, Monday through Friday.

All fields on this form are mandatory.

Please enter the data in the fields below. You may save your data at any time. When you have made all entries, click SAVE ALL and then click REVIEW & SUBMIT. You will then go to the review screen, where you can review your responses. You can click MODIFY if you wish to change your entries. Once you have all data correct, click SUBMIT.

If you have questions, please send an email to hcstatrpts@health.ny.gov.

CONTACT INFORMATION

Name of primary person responsible for completion of this survey*

Phone number (in xxx-xxx-xxxx format)*

Email Address*

Evening Contact Name*

Evening Contact Phone Number (in xxx-xxx-xxxx format)*

Evening Contact Email Address*

CAPACITY

Please indicate today's census:*

How many additional patients (community referrals or newly discharged from institutions or facilities) can your agency serve with your current PPE and staffing complement?*

How many total hours of RN service did you provide yesterday?
*

What was the number of RN service hours yesterday not filled?
*

How many hours of aide service (PCA and HHA) were provided yesterday?
*

What was the number of aide service (PCA and HHA) hours yesterday not filled?
*

COVID-19

COVID-19 positive patients are the patients with confirmation via test.

COVID-19 suspected cases are those with pending test results or those exhibiting respiratory symptoms.

How many confirmed COVID-19 patients do you have on your caseload?*

How many COVID-19 suspected patients do you have on your caseload (those with pending test results or those exhibiting respiratory symptoms)?*

What is the total number (cumulative) of home care patients removed from your caseload due to notification of death from COVID-19?

*

For today, how many home care patients have been removed from your caseload due to notification of death from COVID-19?

*

STAFF VACCINATIONS

The purpose of these questions is to get a better understanding of the vaccination status of staff currently working at or for your agency.

*Staff is defined as anyone working at or for your agency including FT, PT, those with and without direct patient care responsibilities. Please include any volunteers, contract staff, per diem, or “on call” staff used within the last 90 days in the total. DO NOT include staff that have left your organization.

1. What is the number of total staff? *

Note: The total number of facility staff should include the counts in direct care staff.

*

STAFF VACCINATIONS

Instruction: The following questions relate to vaccination for COVID-19 with reporting for total staff as well as staff with direct patient care responsibilities.

RULE: The total number of staff should be equal to the categories of vaccination status, i.e. $1 = 1a + 1b + 1c + 1d + 1e + 1f$

1a. As of today, what is the total number of staff who have completed a COVID vaccine series (note: a complete vaccine series means two doses of Pfizer or Moderna mRNA COVID-19 vaccine or the single dose of Johnson & Johnson COVID-19 vaccine) *

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1b. As of today, what is the total number of staff who have received ONLY the first dose of a two-dose vaccine series?
*

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Instructions: A medical exemption is allowed when a licensed physician or certified nurse practitioner certifies that immunization with COVID-19 vaccine is detrimental to the health of a personnel member, based upon a pre-existing health condition. The requirements for COVID-19 immunization shall be inapplicable only until such immunization is found no longer to be detrimental to such personnel member's health. The nature and duration of the medical exemption must be stated in the personnel employment medical record, or other appropriate record, and must be in accordance with generally accepted medical standards.

1c. As of today, what is the total number of staff who are medically eligible for COVID vaccine and are declining vaccination?
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1d. As of today, what is the total number of staff who have requested a medical exemption?
*

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1e. As of today, what is the total number of staff who are declining on the basis of an exemption other than a medical exemption?
*

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1f. As of today, what is the total number of staff who are medically eligible for COVID vaccine, have not requested an exemption, are not declining, and are awaiting vaccination?
*

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Following questions relate to direct care staff only. Direct patient care is defined as providing services to a patient in their home or community-based setting, including the provision of services and/or activities that could potentially expose patients to disease.

RULE: $2a + 2b + 2c + 2d + 2e + 2f$ must add up to 2, total number of direct care staff.

2. What is the total number of direct care staff?*

2a. As of today, what is the total number of direct care staff who have completed a COVID vaccine series (note: a complete vaccine series means two doses of Pfizer or Moderna mRNA COVID-19 vaccine or the single dose of Johnson & Johnson COVID-19 vaccine)
*

2b. As of today, what is the total number of direct care staff who have received ONLY the first dose of a two-dose vaccine series?*

2c. As of today, what is the total number of direct care staff who are medically eligible for COVID vaccine and are declining vaccination?
*

2d. As of today, what is the total number of direct care staff who have requested a medical exemption?*

2e. As of today, what is the total number of direct care staff who are declining on the basis of an exemption other than a medical exemption?
*

2f. As of today, what is the total number of direct care staff who are medically eligible for COVID vaccine, have not requested an exemption, are not declining, and are awaiting vaccination?
*

Executive Order No. 4

Executive Order No. 4 (Declaring a Statewide Disaster Emergency Due to Healthcare Staffing Shortages in the State of New York)

The intent of these questions is to better understand if agencies have leveraged workforce flexibilities provided under the September 27th Executive Order.

Have you attempted to add additional employees since 9/27 through utilization of the flexibility provided by Executive Order (EO) No. 4 (Declaring a Statewide Disaster Emergency Due to Healthcare Staffing Shortages in the State of New York)?* [Yes][No]

How many NEW direct care/patient facing employees that have joined your facility since 9/27 due to EO 4 flexibilities (e.g. out of state/country, out of retirement workers)?

How many EXISTING direct care/patient facing employees are operating under an expanded scope of practice due to the EO 4 flexibilities?

How many FTEs dedicated to insurance administrative functions (e.g. prior authorization, utilization review) are now performing direct care / patient-facing functions due to the insurance-related EO 4 suspensions?

Have you had to mandate overtime for nurses, aides or other staff?*[Yes][No]

WORKFORCE REDUCTION

1. Total reduction in workforce since 9/27 as of today*

- 1a. Total number of employees terminated as a result of being unvaccinated without an exemption as of today*
- 1b. Total number of employee resignations and retirements due to unwillingness to get vaccinated as of today *
- 1c. Total number of employees on unpaid leave/furlough as a result of being unvaccinated without an exemption who are NOT willing to get first dose as of today*
- 1d. Total number of employees on unpaid leave/furlough as a result of being unvaccinated without an exemption and who are awaiting first dose as of today*

*Required Fields. ** Repeatable Sections.

Form Rules:

- [1] <div>Phone number (in xxx-xxx-xxxx format)</div> IS IN A FORMAT OF phone_number(999-999-9999)
- [2] <div>Email Address</div> IS IN A FORMAT OF Valid_Email_Address
- [3] <div>Evening Contact Phone Number (in xxx-xxx-xxxx format)</div> IS IN A FORMAT OF phone_number(999-999-9999)
- [4] <div>Evening Contact Email Address</div> IS IN A FORMAT OF Valid_Email_Address
- [5] <div>1. Total reduction in workforce since 9/27 as of today</div> MUST BE EQUAL TO <div>1a. Total number of employees terminated as a result of being unvaccinated without an exemption as of today</div> + <div>1b. Total number of employee resignations and retirements due to unwillingness to get vaccinated as of today </div> + <div>1c. Total number of employees on unpaid leave/furlough as a result of being unvaccinated without an exemption who are NOT willing to get first dose as of today</div> + <div>1d. Total number of employees on unpaid leave/furlough as a result of being unvaccinated without an exemption and who are awaiting first dose as of today</div>

[6] **2.** What is the total number of direct care staff? CANNOT BE GREATER THAN **1.** What is the total number of your staff? *

Note: The total number of facility staff should include the counts in direct care staff.

[7] **1.** What is the number of total staff? *

Note: The total number of facility staff should include the counts in direct care staff.

MUST BE EQUAL TO **1a.** As of today, what is the total number of staff who have completed a COVID vaccine series (note: a complete vaccine series means two doses of Pfizer or Moderna mRNA COVID-19 vaccine or the single dose of Johnson & Johnson COVID-19 vaccine) +

1b. As of today, what is the total number of staff who have received ONLY the first dose of a two-dose vaccine series? +

1c. As of today, what is the total number of staff who are medically eligible for COVID vaccine and are declining vaccination? +

1d. As of today, what is the total number of staff who have requested a medical exemption? +

1e. As of today, what is the total number of staff who are declining on the basis of an exemption other than a medical exemption? +

1f. As of today, what is the total number of staff who are medically eligible for COVID vaccine, have not requested an exemption, are not declining, and are awaiting vaccination?

[8] **2.** What is the total number of direct care staff? **MUST BE EQUAL TO**

2a. As of today, what is the total number of direct care staff who have completed a COVID vaccine series (note: a complete vaccine series means two doses of Pfizer or Moderna mRNA COVID-19 vaccine or the single dose of Johnson & Johnson COVID-19 vaccine)?

2b. As of today, what is the total number of direct care staff who have received ONLY the first dose of a two-dose vaccine series?

2c. As of today, what is the total number of direct care staff who are medically eligible for COVID vaccine and are declining vaccination?

2d. As of today, what is the total number of direct care staff who have requested a medical exemption?

2e. As of today, what is the total number of direct care who are declining on the basis of an exemption other than a medical exemption?

2f. As of today, what is the total number of direct care staff who are medically eligible for COVID vaccine, have not requested an exemption, are not declining, and are awaiting vaccination?