

*This survey collects the number of LHCSA patients served by your agency by their county of residence for the time period April 1, 2019 - April 1, 2020, and the number of patients on your roster on April 1, 2020.*

*All LHCSAs are expected to complete this survey.*

*This form must be completed for each license (each site) your agency operates.*

*This form consists of a repeating section. To open the repeating section, click SAVE & ADD. Choose one of the counties served by your agency and enter the data for that county. Click SAVE & ADD again to save the data for your first county served and open the fields for your next county. When you have entered data for all the counties served by your agency, click SAVE ALL. Then click REVIEW AND SUBMIT. You will be taken to a review screen where you can review all data entered. You can click MODIFY to change your entries. Once all data is correct, click SUBMIT.*

*If you have questions, please send an email to [hcstatrpts@health.ny.gov](mailto:hcstatrpts@health.ny.gov).*

### DEFINITIONS:

**Unduplicated Patient Count** - The number of discrete individual patients that your agency has served during the requested time period, regardless of the number of admissions and discharges that patient may have had. A patient is only counted once regardless of the number of cases they represent.

**Patients on Roster on April 1, 2020** - List the number of patients you have on your roster that reside in the county chosen on April 1, 2020. This is the number of patients the LHCSA is actively serving on April 1, 2020. Actively serving means that the agency has a care plan in place for the patient and is providing services to the patient in their home. Services did not have to be provided on April 1; if the patient had a care plan in place on that date, they should be included in the total.

Is your LHCSA affiliated with any of the following programs? (check all that apply): [Assisted Living Program (ALP)][Program of All-Inclusive Care for the Elderly (PACE)][Nurse Family Partnership (NFP)][Continuing Care Retirement Community (CCRC)]

LHCSAs working with ALP, PACE, NFP or CCRC residents or program participants should not enter these clients in their totals; however, LHCSAs serving any of these program participants who also serve patients outside of these programs should enter the counts of patients served who are NOT in an ALP, PACE, NFP or CCRC in the total for each site and county.

CLICK SAVE & ADD TO OPEN THE REPEATING SECTION BELOW.

## LHCSA PATIENTS BY COUNTY\*\*

### 1. LHCSA PATIENTS BY COUNTY

Please choose a County.

[Albany County][Allegany County][Bronx County][Broome County][Cattaraugus County][Cayuga County][Chautauqua County][Chemung County][Chenango County][Clinton County][Columbia County][Cortland County][Delaware County][Dutchess County][Erie County][Essex County][Franklin County][Fulton County][Genesee County][Greene County][Hamilton County][Herkimer County][Jefferson County][Kings County][Lewis County][Livingston County][Madison County][Monroe County][Montgomery County][Nassau County][New York County][Niagara County][Oneida County][Onondaga County][Ontario County][Orange County][Orleans County][Oswego County][Otsego County][Putnam County][Queens County][Rensselaer County][Richmond County][Rockland County][Saint Lawrence County][Saratoga County][Schenectady County][Scholarie County][Schuyler County][Seneca County][Steuben County][Suffolk County][Sullivan County][Tioga County][Tompkins County][Ulster County][Warren County][Washington County][Wayne County][Westchester County][Wyoming County][Yates County]

Number of unduplicated patients served by your agency from April 1, 2019 to April 1, 2020 that resided in the county chosen:

\*

Number of patients on agency roster who had a care plan in place on April 1, 2020 that resided in the county chosen:\*

*\*Required Fields. \*\* Repeatable Sections.*

### Form Rules: