



## Department of Health

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Executive Deputy Commissioner

September 8, 2017

**DAL: DHCBS 17-02**  
**Subject: 2016 LHCSA Statistical Report**

Dear Administrator:

The Division of Home and Community Based Services (DHCBS) will activate the 2016 annual statistical report for Licensed Home Care Services Agencies (LHCSAs) on September 8, 2017. The report will be activated and available for completion from this date through November 3, 2017. After November 3, 2017, the 2016 LHCSA Statistical Report will no longer be available.

The statistical report is used to collect qualitative and quantitative information used to make policy decisions regarding the home care industry. With the rapid changes occurring in the health care delivery system and the increased emphasis and reliance on the availability of home and community based services, the availability of complete and accurate data is increasingly important.

All LHCSAs are required to complete and submit the 2016 LHCSA statistical report. LHCSAs providing services to Assisted Living Program (ALP) residents are required to submit the 2016 ALP LHCSA statistical report. Failure to submit all required information in the appropriate format may subject the licensed operator to an enforcement action under Section 12 of the Public Health Law resulting in the agency being liable for civil penalties of violations of Article 36 of the Public Health Law and New York State Medical Facilities Code. Administrators should be aware that the department's ability to make an affirmative statement to the LHCSA operator's character and competence will be negatively impacted if an enforcement action for failure to submit is pursued. Licensure applications for agencies determined to be delinquent for this submission will not be processed. Non-operational LHCSAs are encouraged to surrender their license to avoid enforcement action.

Agencies are strongly encouraged to enter and submit data as early as possible. Agencies that wait until the last week to enter data may encounter extended system delays and wait times for support due to limited system and personnel resources.

Attached to this letter are instructions for completing and submitting the statistical report. In addition, a training webinar on the LHCSA Statistical report is being developed and will be recorded and available for viewing prior to the start date for the statistical report. You will receive an email with a link to the training as soon as it's available.

Please send questions and requests for assistance to [HCStatRpts@health.state.ny.us](mailto:HCStatRpts@health.state.ny.us).  
Thank you for your assistance with this essential data reporting.

Sincerely,

A handwritten signature in black ink that reads "Rebecca Fuller Gray". The signature is written in a cursive style with a large initial 'R'.

Rebecca Fuller Gray, Director  
Division of Home and Community Based Services

Attachments

# 1. Navigating to the Survey Forms

- **Log on to Health Commerce System (HCS)**

Use your user name and password.

- **Go to the HERDS Application**

If you have the HERDS application in your applications, choose it from your my applications list.



To put the HERDS application into your my applications list:

- **Go to My Content**
  - **Choose 'All Applications'**



- **Click on Letter H**
- **Click on HERDS for Hospitals (Health Electronic Response Data System) or Home and Community Based Care (HERDS).** (Either one of these will take you to the HERDS application.)
- **Click the plus sign in the green circle in the Add/Remove column.**

Health Commerce System Applications View Help

Browse by **A** **B** **C** **D** **E** **F** **G** **H** **I** **J** **K** **L** **M** **N** **O** **P** **Q** **R** **S** **T** **U** **V** **W** **X** **Y** **Z** View All

Application Name	Acronym	Profile	Restricted	Add/Remove
<a href="#">Health Care Facility Evacuation Center Application</a>	HECAPP		Yes	
<a href="#">Health Facilities Information System</a>	HFIS			
<a href="#">Health Home SMART File Upload</a>				
<a href="#">Health Home Tracking System</a>			Yes	
<a href="#">Healthcare Financial Data Gateway</a>	HFDDG			
<a href="#">Healthy Neighborhoods - No Access Form</a>				
<a href="#">Hepatitis C Rapid Testing</a>			Yes	
<a href="#">HERDS for Hospitals (Health Electronic Response Data System)</a>	HERDS			
<a href="#">HIV Test Kits</a>			Yes	
<a href="#">HIV/AIDS Information for Regional Training Centers</a>			Yes	
<a href="#">HIV/AIDS Provider Portal</a>			Yes	
<a href="#">HIV/AIDS Surveillance Case Report</a>				
<a href="#">HIV/HCV Provider Directory</a>				
<a href="#">Home and Community Based Care (HERDS)</a>	HERDS			
<a href="#">Home Care Registry</a>				

- **Activity Selection (\*=Required Field)**

You will be told the name of the activity to select for your survey.

Your required Activity may appear on your To Do list.

Activity	Reporting Organization	Data Entity Organization	Form	Permission	Completion Status
Test	Z Test Hospice	<a href="#">Z Test Hospice</a>	HC	Save/Submit	Saved

If the activity is not on your to do list,

- **Click the data entry tab and select your activity.**

Select your activity from the drop down list.

- **Form Selection (\*=Required Field)**
  - Choose your organization's name from the drop down box.
  - Choose a form to make entries into. (Many activities have multiple forms).
- **Choose your Data Entity type:**

Home Health Agency = Certified Home Health Care Agencies and Long Term Home Health Care

Hospice = Hospice

LHCSA = Licensed Home Care Service Agencies

- **Choose your Data Entity Name**
- **Choose a Time Period (if required).**

Some surveys have forms that are recurring forms. Recurring Forms will need to be filled out more than once on the days instructed (i.e. Daily for a 5 day period).

**Data Entry**

**Activity:**\* Test

**Organization:**\* Z TEST CHHA (8888)  
[Show Organization Info](#)

**Form:**\* HC

**Data Entity Type:**\* Home Health Agency

**Data Entity Name:**\* Z TEST CHHA (8888)  
[Show Facility Info](#)

**Time Period:**\* Please Select Time Period

## 2. Entering Data Into a Form

- **Form Information**

**Form Information**

Navigational Style: Scroll ▾

\* Required Field   ✓ Data Saved to Work Area   ● Data Submitted to DOH  
← Current Field/Selection   ? Field Information   Ⓜ Field with Rules   ⚠ Warning   ! Error

**\* Required Field** Questions with a red asterisk are required fields and cannot be left blank. If it is a required numeric field and you have no data to enter, please enter a zero (0).

**✓ Data Saved to Work Area** Questions with a yellow check mark are fields that had data entered in them, and were saved when the user clicked the “**Save All**” button, but not yet submitted to DOH.

**● Data Submitted to DOH** Questions with a check mark in a green dot are fields that had data entered in them, and were saved when the user clicked the “Save All” button, and were submitted to DOH when the user clicked the “**Review and Submit Button**” and clicked the “**Submit to DOH**” button.

**← Current Field/Selection** The red arrow highlights a selected field. For example, if the user has clicked the “**Review and Submit**” Button and goes to the Review Screen, and they click on any of the questions on the review screen they will go back to the survey and that question will have the red arrow next to it.

**? Field Information** The question mark in a circle indicates there is additional information available. If the survey has additional instructions or information attached to a field, this information can be seen by clicking on the Field Information icon.

**Ⓜ Field with Rules** The R in a circle indicates that there is a rule attached to this field. An example of a rule would be “*the amount indicated in question 4 must be equal to the sum of the amounts in questions 1, 2, and 3*”. Click on the Field with Rules icon to identify the rule for the field.

**⚠ Warning** The exclamation point in a yellow triangle is a warning of an action that must be taken. An example of a warning is:

⚠ Once finalized, please remember to submit your data by clicking the Review & Submit button and then the Submit Data to DOH button.

**! Error** An exclamation point in a red circle indicates that there is an error in the data entered. An example of an error is:

**! You have 1 error below. Review and make changes.**

- **Data Entry**

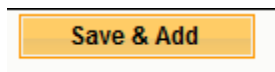
Answer all questions that are applicable to your organization. Some boxes may require text, and some may require numbers. Required Fields (\*) must have an entry. You can click Save All at any time to save work that has been entered. If you click the **Reset Button**, the survey data will go back to the last saved version of the form.



- **Repeating Sections**

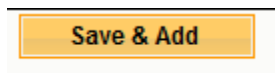
Repeating sections give the user the ability to answer the same set of questions more than once. To open the Repeating Section:

- **Click Save and Add Button**

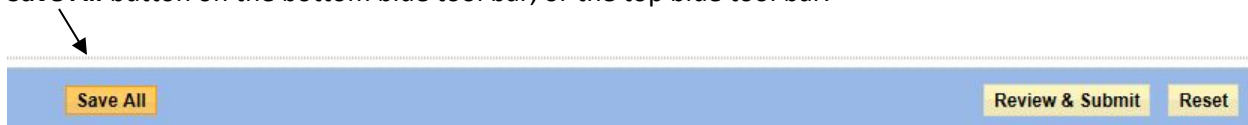


When you have entered your first set of data, click the **Save and Add** button again to save your entry and to receive a new set of blank fields.

- **Click Save and Add Button**



When you have entered your final set of data into the fields of the repeating section, click the **Save All** button on the bottom blue tool bar, or the top blue tool bar.



- **Click Save All**

The data will be saved, and you will not receive a new set of fields in the repeating section. If you accidentally add too many sections, or simply want to get rid of a particular section, open that section and click Delete.



### 3. Submitting the Forms

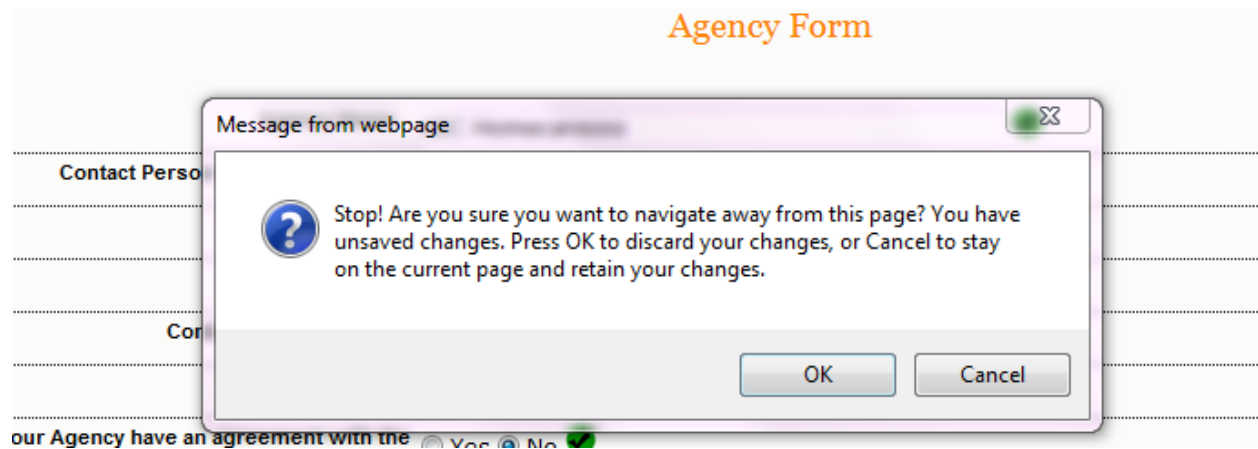
Once all of your data has been entered for the entire form, be sure to save the information

- Click **Save All**

**IMPORTANT!!!** Do not click “**Review and Submit**” unless you have clicked “**Save All**” First.



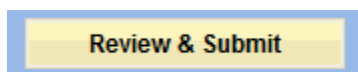
If you click “Review and Submit” before saving, you will get the following error message:



If you click **OK** – you will go to the Review screen, but any unsaved data will be lost.

Once the information is saved:

- Click **Review & Submit**



This will take you to the Data Review Screen.

The Data Review Screen will show all questions on the form and the values entered to answer the questions. The Data Review Screen will also show the data status (either saved or submitted), the user that made the latest entry, and the date and time of the latest entry.

If you click on a field in the Data Review Screen you will be taken back to the survey at that particular question.

On the Data Review Screen you can choose to either modify the data or submit the data to Department of Health.



If you need to change any data entered:

- **Click Modify**

This will take you back to the survey to make changes. Be sure to save any data that you modify by clicking **“Save All”**.

If you are satisfied with the data entered:

- **Click Submit Data**

**Note: If your data has been submitted to DOH – it can still be modified and re-submitted.**

## **LHCSA Statistical Report – Frequently Asked Questions**

- 1. Q:** Our Agency has multiple sites – do we need to do a statistical report for each site, or can we combine the information on one statistical report form?

**A:** A separate statistical report is required for each site with an operating certificate.
- 2. Q:** Our Agency opened in the middle of the year, do we need to report for the half year that we were open?

**A:** Yes, please submit for the portion of the year that your agency was open.
- 3. Q:** Our Agency closed, and we no longer have an account on HCS – do we need to report?

**A:** No, if you do not have access to HCS you cannot submit the statistical reports.
- 4. Q:** I am unable to access the forms on HCS – why?

**A:** Only people in the Administrator, Director of Home Care Patient Services, Data Reporter, or HPN Coordinator roles can access the forms.
- 5. Q:** I am able to enter data in the forms, but I am unable to submit – why?

**A:** Only the person in the Administrator Role on HCS is able to submit. If you do not know who is in the Administrator Role, please check with your HPN Coordinator.
- 6. Q:** Our LHCSA exclusively serves patients in an Assisted Living Program (ALP). Do we have to submit the LHCSA Statistical report?

**A:** If your LHCSA exclusively serves ALP patients, you should submit the ALP LHCSA Statistical Report, which is a separate activity from the LHCSA Statistical Report. If your LHCSA serves both ALP patients and non-ALP patients, you should submit both.
- 7. Q:** Last year there were nine forms to fill out, this year there are only eight forms. What is missing?

**A:** Immunization by County information is no longer being collected.

### **LSR2 – Patient Form**

- 8. Q:** What is meant by census?

**A:** Census is the number of patients being served at a particular point in time.

**9. Q:** What is meant by cases?

**A:** A case is the provision of a course of services to an individual from a starting point to an ending point. A patient can have multiple courses of service and can consequently contribute more than once to the total number of cases.

**10. Q:** What is meant by unduplicated patient count?

**A:** The unduplicated patient count is the number of discrete individuals provided with home care services. A patient is counted only once regardless of the number of cases that they represent.

### **LSR3 – Contract Revenue Form, and LSR4 – Direct Revenue Form**

**11. Q:** What is meant by revenue?

**A:** Revenue is income, or monies coming into your agency.

**12. Q:** What is the difference between contract revenue and direct revenue?

**A:** Contract revenue is the income your agency received for services provided to patients because of a contract your agency has with another agency. Direct revenue is the income your agency received for services provided to the patients that are directly under the care of your agency.

**13. Q:** What is meant by net revenue?

**A:** Net revenue is income coming into your agency minus adjustments. For forms LSR3 and LSR4 you should report the net revenue derived from the services performed for patients of your agency.

### **LSR5 – Cost Form**

**14. Q:** What is the difference between direct and indirect costs?

**A:** Direct costs are costs that are clearly associated with a certain activity. For the purposes of this survey, direct costs are costs that are directly associated with home care patient services. Indirect costs are costs not directly related to a certain activity. For the purposes of this survey, indirect costs are costs not directly related to home care patient services.

**15. Q:** If certain costs fall into two categories, should they be listed twice?

**A:** No. Do not double count costs. Choose one of the cost categories and enter the cost only once.

**16. Q:** Do costs related to the delivery of services include the wages paid to the employee giving the services?

**A:** No. Wages should be reported on form LSR6 – Staff and Wages form.

**17. Q:** What is included under fringe benefits?

**A:** Fringe benefits are an employment benefit granted by an employer that has monetary value but does not affect basic wage rates. Fringe benefits may include health insurance, vision and/or dental insurance, paid holidays, pension, or items such as uniforms, or a company car.

**18. Q:** What is meant by non-direct care staff?

**A:** Non-Direct care staff are any staff that work for the home care agency, but do not provide patient care.

**19. Q:** What is meant by Administrative and General Costs?

**A:** Administrative and General Costs are expenditures related to the day-to-day operations of a business. These costs pertain to the operation of the business, rather than the cost for services to patients. Examples include rent, utilities, and office supplies.

**20. Q:** What is meant by other operating costs?

**A:** Other operating costs are costs that are not included elsewhere.

**21. Q:** What is meant by Capital and Related costs?

**A:** Capital and related costs are fixed, one-time costs incurred for the purchase of land, buildings, or construction. Building improvement costs that add to the value of the property are included in capital costs. Maintenance of buildings and property are not included in capital costs.

### **LSR 6 – Staff and Wages Form**

**22. Q:** What is meant by full time employee and part time employee?

**A:** The IRS defines a full time employee as an employee employed on average at least 30 hours of service per week, or 130 hours of service per month. Employees that work less than this should be considered part time.

**23. Q:** What is meant by statutory fringe benefits?

**A:** Statutory fringe benefits are fringe benefits that are required by law. These benefits include FICA, Medicare, Workers Compensation, short term disability and unemployment.

**24. Q:** What is meant by non-statutory fringe benefits?

**A:** Non-statutory fringe benefits are fringe benefits that are not required by law. These benefits include life insurance, retirement, dental, vision, tuition benefits, uniform benefits etc.

### **LSR7 – Services by County**

**25. Q:** What is meant by unduplicated patient count?

**A:** The unduplicated patient count is the number of discrete individuals provided with home care services. A patient is counted only once regardless of the number of cases that they represent.

**26. Q:** What is meant by Disease and Disability Services?

**A:** Disease and Disability Services are those services that are intended to treat or assist individuals with a disease, disability or condition, with or without a diagnosis. They are not preventative in nature.

**27. Q:** What is meant by Wellcare Services?

**A:** Wellcare Services are preventative in nature and are not intended to treat or assist individuals with a disease, disability, or condition. An example of Wellcare Services is a maternal and child health visit.

**28. Q:** Which ICD9 or ICD 10 codes do I use to report the number of disease and disability cases?

**A:** For the purposes of this survey, DOH does not track the disease and disability information by its ICD coding. Please only enter the number of cases by service type, gender and age range.

### **LSR 8 – Contract Form**

**29. Q:** Our agency has many subcontracts, do we need to include them all?

**A:** Although DOH would like to have the data on all of your subcontracts, the form is limited to 50 entries. If you have more than 50 entries, please list your larger contracts first.