



Department  
of Health

# Adult Care Facility Quarterly Statistical Information Report

2nd Quarter 2024

# Quarterly Statistical Information Report

# Quarterly Statistical Information Report

- The Quarterly Statistical Information Report is a Health Electronic Response Data System-based survey used to collect a facility's demographics for the specified quarter.
- The Quarterly Statistical Information Report is required per 18 NYCRR §487.10(e)(2), §488.10(e)(4), and §490.10(e)(4).
  - All Adult Care Facilities must complete the Quarterly Statistical Information Report.
- When the report is opened, a Dear Administrator Letter is issued, specifying the due date and how to access the Health Electronic Response Data System-based report on the Health Commerce System.
  - There is no alternative method of data submission.

## Quarterly Statistical Information Report (cont.)

- Citations are issued if the deadline is missed, and the non-compliant facility may face a civil penalty of up to \$100/day for each day the Quarterly Statistical Information Report is overdue.
- The Quarterly Statistical Information Report follows an annual schedule:

Quarter	Period Covered	Opens	Closes
1	January 1 – March 31	April 1	April 30
2	April 1 – June 30	July 1	July 31
3	July 1 – September 30	October 1	October 31
4	October 1 – December 31	January 1	January 31

## Quarterly Statistical Information Report (cont.)

- Only individuals assigned the following Health Commerce System roles will be able complete the Quarterly Statistical Information Report on behalf of a facility:
  - Administrator
  - Administrator Backup
  - Data Reporter
  - Health Provider Network Coordinator
- The Administrator or Administrator Backup must review the completed data and complete an attestation, then submit the Quarterly Statistical Information Report.
- **Failure to press the submit button will result in a non-submission citation!**
- The Quarterly Statistical Information Report data is used for consideration of various programs including Enhancing the Quality of Adult Living, and for application of Transitional Adult Home requirements.

**Data accuracy is critical!**

# 2024 2nd Quarterly Statistical Information Report

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- For purposes of streamlining and improved quality control, the Quarterly Statistical Information Report has been updated.
  - Changes include reformatting; added logic; addition of help buttons and a companion guide; and reduced question redundancy.
- This slide deck is available for the facility's current and future reference.

## 2024 2nd Quarterly Statistical Information Report (cont.)

- General Instructions

- *To help avoid data entry errors, please read through all the directions before starting the Quarterly Statistical Information Report.*
- *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 Quarterly Statistical Information Report 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 Communications Directory as a Data Reporter, Health Provider Network Coordinator, Administrator or Administrator Backup of the Adult Care Facility, only the Administrator or Administrator Back up can submit the Quarterly Statistical Information Report.*
- *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 Quarterly Statistical Information Report, please contact [acfqsir@health.ny.gov](mailto:acfqsir@health.ny.gov).*





# 2024 2nd Quarterly Statistical Information Report (cont.)

## Section 1 - Adult Care Facility Information

- Question 1: Adult Care Facility Type
  - This question is required. The submitter must identify whether the facility is an adult home or enriched housing program.

**\*\*Hint: If the facility's Operating Certificate includes an "S," then it is an enriched housing program. For example: 000-S-000. Facilities with an "E", "F," or "N" designation are adult homes.**

- When selected, certain questions will open, others will be shaded, depending on the type of facility selected.

## 2024 2nd Quarterly Statistical Information Report (cont.)

- Question 2 – Does the facility have licensed Assisted Living Residence beds?
  - Select Yes if the facility is currently licensed as an Assisted Living Residence.
  - Note: Projects in queue should not be considered.

## 2024 2nd Quarterly Statistical Information Report (cont.)

- Question 3 – Does the facility have licensed Assisted Living Program beds?
  - Select Yes if the facility is currently licensed as an Assisted Living Program.
  - Note: Projects in queue should not be considered.
- Question 4 – Operating Certificate Number of the contracted Certified Home Health Agency
  - If the answer to Question 3 is Yes, the response must reflect the information of the Certified Home Health Agency associated with the Assisted Living Program. (If an Assisted Living Program, but not a Certified Home Health Agency, indicate “N/A” and include information on the Licensed Home Care Service Agency in question 5.)
- Question 5 – Operating Certificate Number of the affiliated Licensed Home Care Services Agency.
  - If the answer to Question 3 is Yes, the response must reflect the information of the Licensed Home Care Service Agency affiliated with the Assisted Living Program. (If Certified Home Health Agency info was provided, indicate “N/A”)

# 2024 2nd Quarterly Statistical Information Report (cont.)

## Section 2 - Beginning Census (Quarterly Reporting Period)

- Question 6 – Beginning Census – TOTAL
  - Total number of residents listed on the Daily Census Report at 12:00 AM on the first day of the quarterly reporting period. The Daily Census Report must reflect all the residents of the Adult Care Facility unless discharged to the hospital, nursing homes, etc.
- Questions 7-10 – Beginning Census for each category of service the facility is licensed/certified to provide at 12:00 AM on the first day of the quarterly reporting period.
  - Fields will be limited based on answers provided in Section 1.

## 2024 2nd Quarterly Statistical Information Report (cont.)

### Section 3 - Admissions during Quarter (Quarterly Reporting Period)

- Questions 11-19 – Admissions from various settings to the facility during the reporting period.
- Question 20 – Admissions from other Sources – Specify
  - Enter the source of admission if not referenced above.
- Question 21 – Admissions–TOTAL
  - Total number of Admissions during the reporting quarter. This field should be the sum of questions 11-19.

## 2024 2nd Quarterly Statistical Information Report (cont.)

### Section 4 - Discharges during Quarter (Quarterly Reporting Period)

- Question 33 – Discharges – TOTAL
  - Total number of Discharges during the reporting quarter. This field should be the sum of questions 22-32.
- Questions 22-32 – Discharges to various settings from the facility during the reporting period.

## 2024 2nd Quarterly Statistical Information Report (cont.)

### Section 5 - Ending Census at End of Reporting Period

- Question 34 – Quarter End Census – TOTAL
  - Number of residents listed on the Daily Census Report at 11:59pm on the last day of the quarterly reporting period.
- Questions 35-38 – Quarter End Census for each category of service the facility is licensed/certified to provide.
  - Fields will be limited based on answers provided in the Adult Care Facility Information section.
  - Responses may not exceed the number entered in Question 36.

## 2024 2nd Quarterly Statistical Information Report (cont.)

### Section 6 - Ending Census Age Category

- Question 39-43 – Number of Residents by Age Category
  - Identify the numbers of residents in the various age categories.

### Section 7 - Ending Census Pay Source Category

- Questions 44-47 – Number of Residents by Payer Source
  - Note: Be sure to report unduplicated numbers as of the **last day of the quarterly reporting period**. For example, a resident in Medicaid Spend Down should not also be reported in the Supplemental Security Income category. There are rules that will help to deduplicate data and may cause submission errors.



# 2024 2nd Quarterly Statistical Information Report (cont.)

## Section 8 Ending Census – Serious Mental Illness

Serious Mental Illness:

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 Office of Mental Health since July 8, 2011, unless a Health Home or Managed Long Term Care Provider determines, based on information which the Health Home or Managed Long Term Care Provider shall document, that the individual's mental illness has not resulted in a substantial functional disability; or

## 2024 2nd Quarterly Statical Information Report (cont.)

### Serious Mental Illness (Definition cont.):

- is under the age of 65 and receives Supplemental Security Income or Social Security Disability Insurance 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 Supplemental Security Income or Social Security Disability Insurance due to mental illness, unless a Health Home or Managed Long Term Care Provider determines, based on information which the Health Home or Managed Long Term Care Provider shall document, that the individual's mental illness has not resulted in a substantial functional disability.
- For further clarification on the definition of Serious Mental Illness, please visit [https://omh.ny.gov/omhweb/guidance/serious\\_mental\\_illness.html](https://omh.ny.gov/omhweb/guidance/serious_mental_illness.html)

### Transitional Adult Home:

- Per 18 NYCRR, Section 487.13 (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.
- For the purpose of calculating the 25% threshold referenced at 18 NYCRR Section 487.13 (b)(1), if the facility has ever reported an individual as having a serious mental illness (SMI), they must continue to report that person as having Serious Mental Illness until Acentra (formerly Kepro) has conducted a mental health evaluation of that individual to confirm the change in status.

## 2024 2nd Quarterly Statistical Information Report (cont.)

### Section 8 Ending Census – Serious Mental Illness (cont.)

- Question 48 – Number of Residents with a Diagnosis of Serious Mental Illness (TOTAL)
  - Total number of Residents with a Diagnosis of Serious Mental Illness at 11:59pm on the last day of the quarterly reporting period.

## 2024 2nd Quarterly Statistical Information Report (cont.)

### Section 8A – Transitional Adult Home

- Total Percent of Serious Mental Illness Residents/Quarter End Census
  - This field will automatically calculate a percentage.
- Question 49 – Transitional Adult Home
  - Check the box, if the number automatically calculated above is 25 or more and the licensed capacity of the Adult Home is 80 bed or more.
  - Please refer to the definition of a Transitional Adult Home.
  - Transitional Adult Homes will receive additional communication about expectations, including required documentation.

## 2024 2nd Quarterly Statistical Information Report (cont.)

### Section 8B - Ending Census – Serious Mental Illness Category

- Question 50-53 – Number of Residents with Diagnoses of Serious Mental Illness.
  - Complete with the number of residents that meet the Serious Mental Illness definition, by category of service the provider is licensed/certified to provide.

## 2024 2nd Quarterly Statistical Information Report (cont.)

### Section 8C - Ending Census – Serious Mental Illness Services

- Question 54-55 – Number of Residents with Diagnoses of Serious Mental Illness receiving or not receiving mental health services.
  - Complete with the number of residents that meet the Serious Mental Illness definition, who are receiving or not receiving mental health services.
- Question 56 – Name/s of the mental health provider/s serving the residents reflected in Question 55.

## 2024 2nd Quarterly Statistical Information Report (cont.)

### **Section 8D - Ending Census – Serious Mental Illness Services Site**

- Question 57-59 – Number of Residents with Diagnoses of Serious Mental Illness receiving mental health services onsite, offsite, or both.

### **Section 9 - Quarterly Statistical Information Report – Attestation**

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

By clicking “Review and Submit” the reviewer is attesting that the information is true and accurate.

## 2024 2nd Quarterly Statistical Information Report (cont.)

- Errors will be identified and must be corrected for the report to successfully submit.
- To modify the data, select the Modify Data button.
- To submit, select the Submit Data button.
  - If you do not click submit, the data will not be submitted.

**Failure to submit timely may result in a citation and assessment of a \$100/day penalty!**



# Questions?

[acfqsir@health.ny.gov](mailto:acfqsir@health.ny.gov)