



Department of Health

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Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

July 1, 2015

DAL#: 15-11
2015 Adult Care Facility 2nd
Quarter Statistical Information
Report

Dear Administrator:

Regulations governing the operation of Adult Care Facilities (ACFs) are found under Title 18 of the New York Code of Rules and Regulations (NYCRR) and include Standards for Adult Homes (Part 487), Adult Care Facilities Standards for Enriched Housing Programs (Part 488), and Standards for Residences for Adults (Part 490). Pertinent sections of each regulation, more specifically 18 NYCRR §487.10(e)(2), §488.10(e)(4), and §490.10(e)(4), require operators to submit a quarterly statistical information report. These reports are the primary source of data regarding facility, occupancy and resident characteristics, and are used for a number of purposes, including emergency contact information and grants. Therefore, it is essential that the data provided are accurate and verifiable.

In keeping with these requirements, all ACFs are required to complete the 2015 ACF 2nd Quarter Statistical Information Report, encompassing the time period from April 1, 2015 to June 30, 2015. Additionally, facilities with a certified bed capacity of 80 beds or more, in which **twenty percent** or more of the resident population are persons with serious mental illness, are required to provide additional information as described under 18 NYCRR §487.10(e)(3). Specifically, these facilities are required to submit the Roster of Adult Home Residents to the New York State Department of Health (Department) on a **quarterly basis** which at a minimum:

- (i) Identifies the quarter being reported on;
- (ii) Contains a census report, to include a roster of residents who are persons with serious mental illness as defined in subsection 487.2(c) of this Part;
- (iii) **For any residents admitted** during the quarter being reported on, the prior residence;
- (iv) **For any residents discharged** during the quarter being reported on, the discharge location; and
- (v) The number of resident deaths which occurred during the quarter being reported on.

Those facilities that are required to complete the Roster of Adult Home Residents, must provide information for all residents residing in the facility at any time during the period from April 1, 2015 to June 30, 2015. Facility-specific Rosters of Adult Home Residents corresponding to each quarter are forwarded to the administrator of each Transitional Adult Home by program staff **via the Health Commerce System (HCS) Secure File Transfer Utility**. These rosters are sent with instructions for submission and must be used by facilities for the required update.

The 2015 ACF 2nd Quarter Statistical Information Report (and Roster of Adult Home Residents, if applicable) must be submitted to the Department no later than **July 31, 2015**. You will be able to access and complete these reports on the HCS effective July 1, 2015. The survey forms can be accessed by logging onto HCS at the following link: <https://commerce.health.state.ny.us>. On the HCS Home Page, click My Applications → click HERDS → click Data Entry and then Select an Activity → 2nd Quarter 2015 Statistical Information Report. **Note: Faxed or printed copies will not be accepted.**

Several individuals, including the facility's Administrator, HCS Coordinator, and Data Reporter, may enter data for this report. **However, the Administrator must review the report prior to submission, complete the attestation statement, and submit the completed report.** Questions pertaining to this DAL and programmatic requirements should be directed to Jillanna Devik at (518) 408-1133. Questions specific to the Roster of Adult Home Residents should be directed to Marcia Kolakoski at (518) 485-8781.

Please note that failure to submit this report by **July 31, 2015** may result in enforcement action and the imposition of civil penalties. Thank you for your anticipated cooperation in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Valerie A. Deetz". The signature is fluid and cursive, with a large loop at the end.

Valerie A. Deetz, Director
Division of ACF/Assisted Living Surveillance

cc Leah Farrell

Attachment # 1

2015 NYSDOH Adult Care Facility 2nd Quarter Statistical Information Report Data Entry Instructions

**PLEASE READ THROUGH ALL OF THE DIRECTIONS BEFORE STARTING THE SURVEY.
DOING SO WILL HELP AVOID ANY CONFUSION WHILE ENTERING DATA.**

Overview:

The NYSDOH Adult Care Facility (ACF) 2nd Quarter Statistical Information Report captures data regarding facility, occupancy, and resident characteristics. The primary purpose of the report is to ensure that the Department has accurate emergency contact information and to track information regarding adult care facility residents.

The 2015 ACF 2nd Quarter Statistical Information Report, encompassing the time frame from April 1, through June 30, 2015 must be completed and submitted by **July 31, 2015**. Please refer to **Attachment 2** for definitions of terms used in the report.

Please be aware of the session time limit for data entry. If the session times out before the fields are successfully saved, or if "Preview Data to Be Submitted" is selected before successfully saving data, all data entered during that session will be lost.

Data Entry Steps for the 2015 ACF 2nd Quarter Statistical Information Report:

- Step 1: Start by logging onto the Health Commerce System (HCS) website:
<https://commerce.health.state.ny.us>.
- Step 2: Enter User ID and Password. Click "Sign In".
- Step 3: In "My Applications," click "HERDS" if available, and then continue to Step 6. The "HERDS" link will only be available under "My Applications" if you have previously created that shortcut. If the "HERDS" link is not available, continue with step 4 to create the shortcut. (Note: The right-facing arrow in the top left corner of the Welcome screen may need to be clicked in order to see the left-side panel.)
- Step 4: Under "My Content," located on the upper right side of the HCS welcome page, select "All Applications".
- Step 5: Browse by letter "H" and scroll down to "Home and Community Based Care (HERDS)" and click. To skip Steps 4 and 5 in the future, click on the green + sign to add to "My Applications".
- Step 6: In the top menu of the Health Electronic Response Data System (HERDS) page, click "Data Entry." (Note: The size of the right-side panel can be increased by clicking on the left-facing arrow near the HCS logo.)
- Step 7: In the "Activity" dropdown box, select "2nd Quarter 2015 Statistical Information Report" to enter data for the time period April 1, 2015 through June 30, 2015.
- Step 8: If associated with more than one facility, select the proper facility name from the "Organization" dropdown box. If associated with more than one "User Reporting Organization" (e.g., ACF and LHCSA), first verify that the correct organization is selected. If a blank report is needed to collect data, select "Blank Form PDF" directly under the "Save All" and "Reset" buttons at the top of the report form.

Step 9: Click the “Show Facility Info” link at the top of the data entry form and review the facility name, address, county, region and contact numbers. If correct, skip to Question # 12. If incorrect, please indicate changes in the appropriate boxes (# 4 - # 11).

Step 10: Complete Questions # 12 - # 38. The Administrator must review the completed report prior to submission. The Attestation Statement is then completed by typing the Administrator’s name and inserting the review/submission date.

Step 11: Click “Save All” in the lower right-hand corner of the screen to ensure that data are saved. Failure to do so may result in data being lost. A green “Form Saved” confirmation message will appear just above the report title.

Step 12: Click “Review & Submit”. If there are no errors, proceed with Step 14 below.

Step 13: If errors exist, scroll down to see error messages. The problem(s) must be corrected or the data will not be saved. Click “Modify” and correct the entries. Repeat Steps 11 and 12.

Step 14: Click “Submit Data to DOH”.

Step 15: The following confirmation message will appear:

Data have been submitted to DOH successfully.

If the system is unable to be accessed, the facility’s HCS Coordinator should check and modify role assignments in the Communications Directory, if indicated. **NOTE:** While individuals in the roles of Administrator, HCS Coordinator, and Data Reporter may enter data, the “Administrator” must review data entries and complete and date the attestation statement. For assistance with this survey please call Jillanna Devik at (518) 408-1133.

Attachment # 2

Adult Care Facility Quarterly Statistical Information Report Definition of Terms

- **Admission Date** – Date admitted to Adult Home or Enriched Housing Program.
- **ALP** – Assisted Living Program, available in some Adult Homes or Enriched Housing Programs, combining residential and home care services. It is designed as an alternative to Nursing Home placement for individuals who historically have been admitted to nursing facilities for reasons that are primarily social, rather than medical in nature. The operator of the Assisted Living Program is responsible for providing or arranging for resident services that must include room, board, housekeeping, supervision, personal care, case management, and home health services. ALPs must accept the Medicaid rate for services.
- **ALR** – Assisted Living Residence.
- **Beginning Census** – Number of residents listed on the Daily Census Report at 12:00 AM on the first day of the reporting period.
- **CIN** – Medicaid Member Client Identification Number.
- **Discharge** – For the purposes of this survey, discharge refers to the permanent release of the resident from the Adult Care Facility following the death of the resident or issuance of a termination notice to the resident (thereby dissolving the Admission/Residency Agreement) and subsequent relocation to another Adult Care Facility, a psychiatric hospital (long term residency), OMH-funded housing (*i.e.*, congregate treatment, community residence/single room occupancy, supported/single room occupancy, apartment treatment, supported apartment or family care), Non-OMH-funded housing (*i.e.*, senior housing, enriched housing program), a private residence, a correctional facility, or a nursing home. It does not include temporary transfer to a hospital, psychiatric center, or rehabilitation facility.
- **EALR** – Enhanced Assisted Living Residence.
- **End Census** – Number of residents listed on the Daily Census Report at 11:59 PM on the last day of the reporting period.
- **Health Home (HH)** – A care coordination model for Medicaid adult enrollees with chronic medical and behavioral health conditions, but who are not in need of more than 120 days of long term care services. Designated Health Homes are community based organizations, hospital systems, and managed care plans.
- **Managed Care** – Health insurance plans that contract with health care providers and medical facilities to provide care for members. These providers make up the plan's network. Coverage depends on the network's rules. There are three types of managed care plans: Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), and Point of Service (POS).
- **MLTCP** – Managed Long Term Care Plan - Provides services to individuals, aged 21 and over, who are in need of community-based long term care services for more than 120 days.
- **OMH** – New York State Office of Mental Health.
- **OPWDD** – New York State Office for People with Developmental Disabilities (formerly OMRDD).

- **Operational Capacity** – This is the actual number of resident beds set up for use in the facility and may differ from the certified capacity.
- **Prior Residence** – Individual’s residence prior to admission to the Adult Home. (e.g., general hospital, private or State psychiatric hospital, shelter, OMH-funded housing, OPWDD facility, other Adult Care Facility, correctional facility, Nursing Home, or private personal residence prior to admission to Adult Home.)
- **Private Pay** – Room, board, and essentials are out-of-pocket expenses.
- **SSI** – Supplemental Security Income - Program pays benefits to disabled adults and children who have limited income and resources. SSI benefits also are payable to people 65 and older without disabilities who meet the financial limits.
- **Serious Mental Illness (SMI)** – A “Person with Serious Mental Illness” means an individual who meets 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.

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.
- **SNALR** – Special Needs Assisted Living Residence.
- **Transitional Adult Home (TAH)** – 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 18 NYCRR §487.2(c).

Uploading Documents to the Community Transitions Program

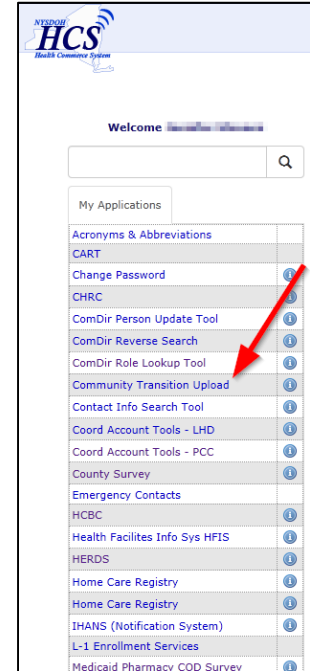
The Community Transitions Upload Application was created to **securely** and easily transfer files, up to 100 megabytes in size, from a Health Commerce System (HCS) user to the Community Transitions Program (CTP). It is secure because the file is not e-mailed, *i.e.*, the file resides on the HCS until it is downloaded by the CTP recipient.

Accessing the Community Transition Upload (CTU)

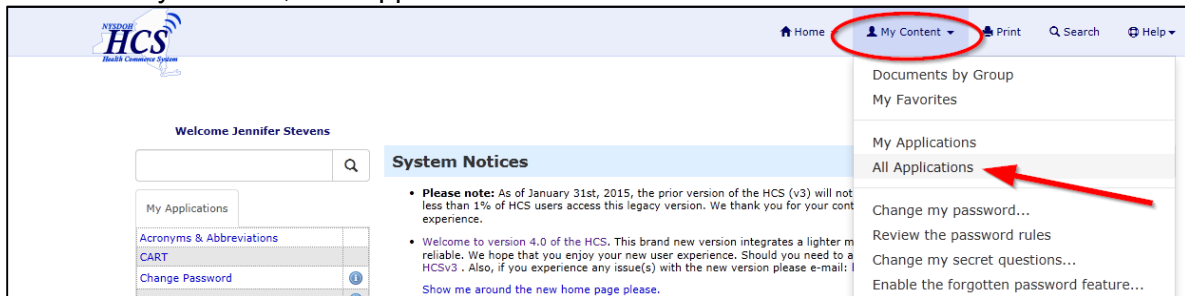
1. Log in to the Health Commerce System (HCS) (formerly the HPN).

<https://commerce.health.state.ny.us>

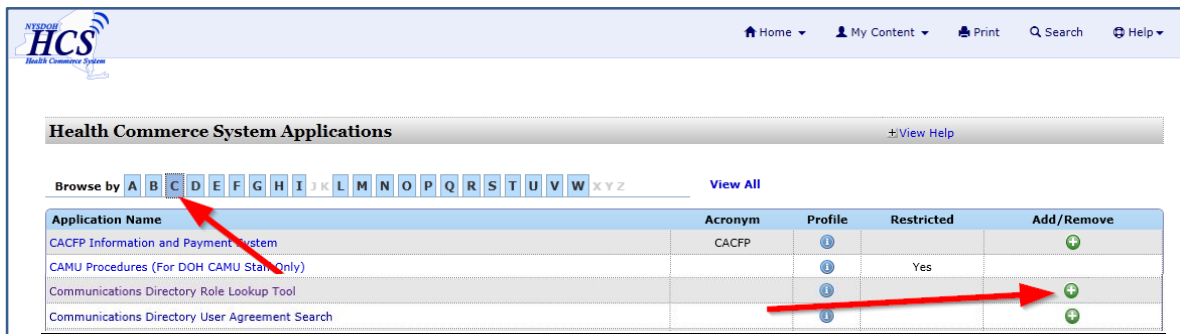
2. Check under your “My Applications” list (alphabetical) to see if you have already added Community Transition Upload application to your list. If so, you can open it by clicking on the words “Community Transition Upload.” If not, go to step 3.



3. If the application is not listed in your “My Applications” you can add it. Go to “My Content,” “All Applications.”



4. Click on the letter “C” at the top. Find Community Transition Upload and click on the green plus symbol (+) to add to your “My Applications” list.



Uploading Documents to the Community Transitions Program

Sending a File

1. Access Community Transition Upload (CTU) application.
2. The CTU allows transfer of up to 3 files at once. Choose the “Browse...” button (1) to select the file you would like to transfer. Include a message at the bottom in the comment box (2), if desired. Whatever you type will show up in the email that the receiver gets as notice of the file transfer. Click the upload button (3).

Community Transition Upload Revised: 12/27/13 | [Comments](#)

[Go back](#)

Purpose: This upload utility should be used to send information to the Community Transitions Program staff.

Instructions: To upload a file, click on one of the buttons to the right of the 'Upload file' text and select the file. Repeat for up to 3 files and then click on the Upload button.

Your Email address: jxs36@health.state.ny.us

Mail to:

Upload file (1): (1)

Upload file (2):

Upload file (3):

Please note: A maximum of three (3) files can be uploaded at one time. The total file size cannot exceed 100 MB.

Comments: (included with email) (2)

(3)

Message: The Symantec Scan Engine has been updated and the virus scan should run faster now. **Warning: The Virus Scan software on the Health Commerce System will not be able to open an encrypted file to check for viruses. If you are about to send an encrypted file, please MAKE SURE that the file was scanned for viruses or malignant codes before uploading.**

[View the Upload Log](#)

3. The page will refresh and you will see notification that your file was uploaded.

Community Transition Upload Revised: 12/27/13 | [Comments](#)

All files uploaded will be scanned for viruses. Please be patient and wait for the process to finish.
Performing virus scan on file 1. **DONE** Go to bottom of page to see results

[Go back](#)

Purpose: This upload utility should be used to send information to the Community Transitions Program staff.

Instructions: To upload a file, click on one of the buttons to the right of the 'Upload file' text and select the file. Repeat for up to 3 files and then click on the Upload button.

Your Email address: jxs36@health.state.ny.us

Mail to:

Upload file (1):

Upload file (2):

Upload file (3):

Please note: A maximum of three (3) files can be uploaded at one time. The total file size can not exceed 100 MB.

Comments: (included with email) Hello,
I am sending this to test the CTU.
Thanks,

Message: File: C:\Users\Public\Pictures\Sample Pictures\Koala.jpg uploaded successfully.
The email contains a link to download the file.
Total bytes: 780,831.
No viruses detected.

[View the Upload Log](#)

Uploading Documents to the Community Transitions Program

How does the CTU application work?

As an HCS account holder, you can upload up to three files (total size < 100MB) from your computer to the HCS to the Community Transitions Program (CTP) in a secure manner. An e-mail message is sent to the CTP notifying them to go to the HCS to download the file(s). The CTP recipient can click the link in the e-mail or copy and paste the link into their browser address window to retrieve the file(s). The CTP recipient will see a table displaying the file(s) that have been sent to them, and can click the file name to download each to their computer. ONLY CTP recipients can access this page and/or file. The sender is notified (via e-mail) when the CTP recipient downloads the file.

All e-mail messages are sent to the HCS Business Contact Information e-mail address listed in the sender's Person Record. You can view Business Contact Information for all HCS users by looking in the Communications Directory Role Lookup Tool.

File Name Warning:

File names should contain alpha, numeric, and underscore characters ONLY. Other characters may result in an error and cause the system to think there is a virus in the file you are transferring.

Please remember:

- You can transfer **three** files to the CTP at a time.
- Files remain on the HCS for **14 days**.
- Total file size is limited to **100 megabytes**.
- You may send no more than **2500 megabytes** total per week, *e.g.*, 25 files of 100 megabytes each.
- Virus Scan software on the HCS will NOT be able to open an encrypted file to check for viruses, therefore:
 - If you are sending an encrypted file, please MAKE SURE that the file was scanned for viruses or malignant codes before uploading.
- Non-encrypted files are checked for viruses during the upload process. If a virus is found, the upload process is aborted and the sender gets a message warning them of the virus.