



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

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

April 1, 2016

DAL#: 16-08
2016 Adult Care Facility 1st
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 2016 ACF 1st Quarter Statistical Information Report, encompassing the time period from January 1, 2016 to March 31, 2016. 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 January 1, 2016 to March 31, 2016. 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 2016 ACF 1st Quarter Statistical Information Report (and Roster of Adult Home Residents, if applicable) must be submitted to the Department no later than **April 30, 2016**. You will be able to access and complete these reports on the HCS effective April 1, 2016. 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 → 1st Quarter 2016 Statistical Information Report. **Note: Faxed or printed copies will not be accepted.**

Several individuals, including the facility's Administrator, HPN 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 April 30, 2016 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 written in a cursive style with a large, looping flourish at the end.

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

cc Leah Farrell