

ADULT CARE FACILITY

**QUARTERLY STATISTICAL
INFORMATION REPORT
COMPANION GUIDE**



Adult Care Facility Quarterly Statistical Information Report – Companion Guide

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 Backup 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 email acfqsir@health.ny.gov.

Adult Care Facility 4th Quarter Statistical Information Report

Section 1 - Adult Care Facility Information

| Question | Instructions |
|-----------------------------|---|
| 1. Adult Care Facility Type | Identify whether the facility is an Adult Home or Enriched Housing Program. |

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| 2. Does the facility have Assisted Living Residence beds? | Select “Yes” only if the facility is currently licensed as an Assisted Living Residence. If the facility is a licensed Assisted Living Residence, the most recent Operating Certificate will reflect Assisted Living Residence licensure. Note: Projects in queue should not be considered. |
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| Question | Instructions |
|--|---|
| 3. Does the facility have Assisted Living Program beds? | Select “Yes” only if the facility is currently licensed as an Assisted Living Program. If the facility is a licensed Assisted Living Program, the most recent Operating Certificate will reflect Assisted Living Program licensure. Note: Projects in queue should not be considered. |
| 4. Operating Certificate Number of the contracted Certified Home Health Agency | To be completed only if the facility has Assisted Living Program beds. If an Assisted Living Program, but not a Certified Home Health Agency, indicate "N/A" and include info on the Licensed Home Care Services Agency in question 5. |
| 5. License number of the affiliated Licensed Home Care Services Agency | To be completed only if the facility has Assisted Living Program beds. If Certified Home Health Agency was provided, indicate "N/A" |

Section 2 - Beginning Census on October 1, 2024, at 12:00 AM

Please note: The Daily Census Report must reflect all the residents of the ACF unless discharged to another setting, a hospital or nursing home, etc.

| Question | Instructions |
|--|---|
| 6. Beginning Census - TOTAL | Number of residents listed on the Daily Census Report at 12:00 AM on the first day of the quarterly reporting period. |
| 7. Beginning Census – Assisted Living Program | Number of Assisted Living Program residents on the Daily Census Report at 12:00 AM on the first day of the quarterly reporting period. |
| 8. Beginning Census – Assisted Living Residence | Number of Assisted Living Residence residents on the Daily Census Report at 12:00 AM on the first day of the quarterly reporting period. |
| 9. Beginning Census – Enriched Assisted Living Residence | Number of Enriched Assisted Living Residence residents on the Daily Census Report at 12:00 AM on the first day of the quarterly reporting period. |

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| 10. Beginning Census – Special Needs Assisted Living Residence | Number of Special Needs Assisted Living Residence residents on the Daily Census Report at 12:00 AM on the first day of the quarterly reporting period. |
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Section 3 - Admissions during Quarter (October 1, 2024 – December 31, 2024)

| Question | Instructions |
|---|--|
| 11. Admissions from General Hospital | Total number of admissions from General Hospital during the reporting quarter. |
| 12. Admissions from Private Psychiatric Hospital | Total number of admissions from Private Psychiatric Hospital during the reporting quarter. |
| 13. Admissions from State Psychiatric Hospital | Total number of admissions from State Psychiatric Hospital during the reporting quarter. |
| Question | Instructions |
| 14. Admissions from Shelter | Total number of admissions from Shelter during the reporting quarter. |
| 15. Admissions from Office of Mental Health-Funded Housing | Total number of admissions from Office of Mental Health-Funded Housing during the reporting quarter. |
| 16. Admissions from Office of People with Development Disability Facility | Total number of admissions from Office of People with Development Disability Facility during the reporting quarter. |
| 17. Admissions from other Adult Care Facility | Total number of admissions from another Adult Care Facility during the reporting quarter. |
| 18. Admissions from Nursing Home | Total number of admissions from Nursing Home/s during the reporting quarter. |
| 19. Admissions from other Sources | Total number of admissions from other sources not listed above during the reporting quarter. |
| 20. Admissions from other Sources – Specify Sources | Specify sources for the number listed in 19. |
| 21. Admissions – Total | Total number of admissions during the reporting quarter. This is an automatic calculation field and is the sum of Questions# 11-19, Questions related to admissions. |

Section 4 - Discharges during Quarter (October 1, 2024 – December 31, 2024)

| Question | Instructions |
|--|--|
| 22. Discharges to General Hospital | Total number of Discharges to General Hospital during the reporting quarter. |
| 23. Discharges to Private Psychiatric Hospital | Total number of Discharges to Private Psychiatric Hospital during the reporting quarter. |
| 24. Discharges to State Psychiatric Hospital | Total number of Discharges to State Psychiatric Hospital during the reporting quarter. |
| 25. Discharges to Shelter | Total number of Discharges to Shelter/s during the reporting quarter. |

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| 26. Discharges to Office of Mental Health-Funded Housing | Total number of Discharges to Office of Mental Health-Funded Housing during the reporting quarter. |
| 27. Discharges to Office of People with Development Disability Facility | Total number of Discharges to Office of People with Development Disability Facility during the reporting quarter. |
| 28. Discharges to other Adult Care Facility | Total number of Discharges to other Adult Care Facility/ies during the reporting quarter. |
| 29. Discharges to Nursing Home | Total number of Discharges to Nursing Home/s during the reporting quarter. |
| 30. Discharges to Private Residence | Total number of Discharges to Private Residence/s during the reporting quarter. |
| 31. Discharges to other Facility | Total number of Discharges to other Facility/ies during the reporting quarter. |
| 32. Discharges due to Death | Total number of Discharges due to Death during the reporting quarter. |
| Question | Instruction |
| 33. Discharges- Total | Total number of Discharges during the reporting quarter. This is an automatic calculation field. This field is the sum of Questions #22-32, questions related to Discharges. |

Section 5 - Ending Census on December 31, 2024 11:59 PM

Please note: The Daily Census Report must reflect all the residents of the ACF unless discharged to the hospital, nursing homes, etc.

| Question | Instructions |
|---|--|
| 34. Quarter-End Census- Total | Number of residents listed on the Daily Census Report at 11:59 pm on the last day of the quarterly reporting period. |
| 35. Quarter-End Census- Assisted Living Program | Number of Assisted Living Program residents listed on the Daily Census Report at 11:59 pm on the last day of the quarterly reporting period. |
| 36. Quarter-End Census- Assisted Living Residence | Number of Assisted Living Residence residents listed on the Daily Census Report at 11:59 pm on the last day of the quarterly reporting period. |
| 37. Quarter-End Census- Enriched Assisted Living Residence | Number of Enriched Assisted Living Residence residents listed on the Daily Census Report at 11:59 pm on the last day of the quarterly reporting period. |
| 38. Quarter-End Census- Special Needs Assisted Living Residence | Number of Special Needs Assisted Living Residence residents listed on the Daily Census Report at 11:59 pm on the last day of the quarterly reporting period. |

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Section 6 - Ending Census – Age Category

| Question | Instructions |
|---|---|
| 39. Number of residents Aged 18 - 55 | Total number of residents between the ages 18 - 55 at 11:59pm on the last day of the quarterly reporting period. |
| 40. Number of residents Aged 56 - 65 | Total number of residents between the ages 56 - 65 at 11:59 pm on the last day of the quarterly reporting period. |
| 41. Number of residents Aged 66 - 80 | Total number of residents between the ages 66 - 80 at 11:59 pm on the last day of the quarterly reporting period. |
| 42. Number of residents Aged 81 - 99 | Total number of residents aged 81 - 99 at 11:59 pm on the last day of the quarterly reporting period. |
| 43. Number of Residents Aged 100 or greater | Total number of residents aged 100 or greater at 11:59 pm on the last day of the quarterly reporting period. |

Section 7 - Ending Census – Pay Source Category

| Question | Instructions |
|--|--|
| 44. Number of Residents Private Pay | Total number of residents in private pay at 11:59 pm on the last day of the quarterly reporting period. |
| 45. Number of Residents Medicaid Spend Down | Total number of residents in Medicaid Spend Down at 11:59 pm on the last day of the quarterly reporting period. See link for more information Medicaid Excess Income ("Spendedown" or "Surplus Income") Program (ny.gov) . |
| Question | Instructions |
| 46. Number of Residents Receiving Supplemental Security Income / Supplemental Security Payment | Total number of residents receiving Supplemental Security Income / Supplemental Security Payment at 11:59 pm on the last day of the quarterly reporting period. |
| 47. Number Residents Receiving Safety Net | Total number of residents receiving safety net at 11:59 pm on the last day of the quarterly reporting period. |

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Section 8 - Ending Census – Serious Mental Illness

Definitions:

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 Dear Administrator Letter 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-Funded Housing since July 8, 2011, unless a Health Home or Managed Long-Term Care Program determines, based on information which the Health Home or Managed Long-Term Care Program 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 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 Program determines, based on information which the Health Home or Managed Long-Term Care Program 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

Transitional Adult Home:

Per 18 NYCRR, Section 487.13 (a)(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 (a)(b)(1), if the facility has ever reported an individual as having a Serious Mental Illness, 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.

| Question | Instructions |
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| 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. |

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Section 8A - Transitional Adult Home

| Question | Instructions |
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| Total Percent of Serious Mental Illness residents to Licensed Bed Capacity | This is an automatic calculation field. |
| 49. Transitional Adult Home | Please check the box if the above automatically calculated above field, Total Percent of serious mental illness residents is 25 or greater and the facility is an <u>Adult Home</u> with a licensed capacity of 80 beds or more (Please see definition of transitional adult home.) |

If not a Transitional Adult Home, complete and submit the Quarterly Statistical Information Report to certify compliance.

If a Transitional Adult Home, upon submission of the Quarterly Statistical Information Report, please know the facility will be required to update the existing Roster of Adult Home Residents (Excel spreadsheet) listing ALL residents.

Section 8B - Ending Census – SMI Category

| Question | Instructions |
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| 50. Number of Residents with a Diagnosis of Serious Mental Illness - Assisted Living Program | Total number of Assisted Living Program Residents with a Diagnosis of Serious Mental Illness at 11:59 pm on the last day of the quarterly reporting period. |
| 51. Number of Residents with a Diagnosis of Serious Mental Illness - Assisted Living Residence | Total number of Assisted Living Residence Residents with a Diagnosis of Serious Mental Illness at 11:59 pm on the last day of the quarterly reporting period. |
| 52. Number of Residents with a Diagnosis of Serious Mental Illness - Enriched Assisted Living Residence | Total number of Enriched Assisted Living Residence Residents with a Diagnosis of Serious Mental Illness at 11:59 pm on the last day of the quarterly reporting period. |
| 53. Number of Residents with a Diagnosis of Serious Mental Illness - Special Needs Assisted Living Residence | Total number of Special Needs Assisted Living Residence Residents with a Diagnosis of Serious Mental Illness on the last day of the quarterly reporting period. |

Section 8C - Ending Census- Serious Mental Illness Services

| Question | Instructions |
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| 54. Number of Residents with a Diagnosis of Mental Illness Receiving No Mental Health Services | Total number of Residents with a Diagnosis of Mental Illness Receiving No Mental Health Services at 11:59 pm on the last day of the quarterly reporting period. |

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| 55. Number of Residents Receiving Mental Health Services for Serious Mental Illness | Total number of Residents Receiving Mental Health Services for Serious Mental Illness at 11:59 pm on the last day of the quarterly reporting period. |
| 56. Name(s) of the mental services provider | List name(s) of the Mental Health Services provider for the number listed in 55. |

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

| Question | Instructions |
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| 57. Number of Residents Receiving Services for Serious Mental Illness, Onsite ONLY | Total number of Onsite Residents Receiving Mental Health Services for Serious Mental Illness at 11:59 pm on the last day of the quarterly reporting period. |
| 58. Number of Residents Receiving Services for Serious Mental Illness, Offsite ONLY | Total number of Offsite Residents Receiving Mental Health Services for Serious Mental Illness at 11:59 pm on the last day of the quarterly reporting period. |

| Question | Instructions |
|---|--|
| 59. Number of Residents Receiving Services for Serious Mental Illness, both Onsite and Offsite | Total number of Onsite and Offsite Residents Receiving Mental Health Services for Serious Mental Illness at 11:59pm on the last day of the quarterly reporting period. |

Section 9 - Quarterly Statistical Information Report Attestation (Only the individual in the Administrator or Administrator Backup role can submit)

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