



Department
of Health

Quarterly Adult Care Facility Roster Form Slide Deck

Education on Quarterly Adult Care Facility Resident Roster

JANUARY 2025

BASIS FOR SURVEY

In accordance with sections 461 and 461-e(5) of the Social Services Law, sections 487.4 and 487.10 of Title 18 (Social Services) of the Official Compilation of Codes, Rules and Regulations of the State of New York, are hereby amended, to be effective upon publication of a Notice of Adoption in the New York State Register.

487.4 Where the department's pre-admission screening indicates that the prospective resident may be a person with serious mental illness the operator shall not admit the prospective resident without conducting or obtaining a mental health evaluation, documented on a form prescribed by the department and developed in consultation with the Office of Mental Health, within 30 days prior to the date of admission, pursuant to paragraph (1) of subdivision (k) of this section.

The operator may admit the prospective resident only when the mental health evaluation concludes the individual: (a) is not a person with serious mental illness; or (b) is a person with serious mental illness, but the individual is a former resident of a transitional adult home, and the operator obtains a waiver approved by the department pursuant to subdivision (g) of section 487.3 of this Part.

BASIS FOR SURVEY CONTINUED

Paragraph (4) of subdivision (e) of section 487.10 (e) Facility reports. The operator shall submit to the department:

(4) For facilities with a certified capacity of 80 beds or more in which twenty percent or more of the resident population are persons with serious mental illness as defined in section 487.2(c) of this Part, including Transitional Adult Homes as defined in section 487.13 of this Part, a monthly admissions report identifying all persons admitted to the facility during the prior calendar month.

For the purpose of calculating the reporting threshold in this subdivision, if the facility has ever reported an individual as having Serious Mental Illness, such facility must continue to report that individual as having Serious Mental Illness until the department or its designee has conducted a mental health evaluation of that individual to confirm a change in status, and communicates written approval to the facility to discontinue reporting such individual as having Serious Mental Illness. Nothing in this paragraph shall require the department, or its designee, to conduct an independent mental health evaluation for an individual who resides in an adult home that is not defined as a transitional adult home as of January 1, 2022.

(5) For all facilities, a roster of all residents shall be submitted to the department on a quarterly basis in the manner prescribed by the department.

SERIOUS MENTAL ILLNESS DEFINITION

A person with Serious Mental Illness (SMI) is an individual who meets criteria established by the Commissioner of Mental Health, which shall be persons:

- (1) who have a diagnosis of mental illness designated under the Diagnostic and Statistical Manual of Mental Disorders (excluding neurocognitive, substance use, and neurodevelopmental disorders); and
- (2) whose severity and duration of mental illness results in substantial functional disability. See guidance from the New York State Office of Mental Health (OMH) available at:

https://omh.ny.gov/omhweb/guidance/serious_mental_illness.html.

INTRODUCTION

This roster will include **ALL** residents that have lived at the facility within the reporting quarter. No residents will be removed from the total number of residents served, even if they are transferred, discharged, etc. This is because that individual would have received services and lived within the facility for a portion of the reported quarter, and must be counted.

This is a total running number of individuals served and may be a total number higher than the facilities maximum capacity. (Discharges will be considered when providing the total number of residents to start a reporting Quarter as a new total of individuals served. If the person was not present for an entire Quarter, they would not be reported on.)

Example 1:

A facility has a maximum resident capacity of 50 beds and starts the quarter full with 50 residents. 1 resident is transferred to another facility. Over the course of the reporting quarter, there were 3 admissions and 2 discharges in this same room. This puts Question 1 (How many residents lived in the facility during the quarter being reported) at 53. This is due to the starting 50 individuals, plus the 3 admissions.

Example 2:

A facility has a maximum resident capacity of 50 beds and starts the quarter full with 50 residents. 1 resident is discharged to the hospital, later transferring to Short-term rehab. After their stay they are readmitted to the facility in the same quarter. This puts Question 1 (How many residents lived in the facility during the quarter being reported) at 50. This is due to the same 50 people receiving services and living in the facility for that quarter.

To access the Quarterly Adult Care Facility, Facility Roster form you must sign into Health Commerce System at [The Health Commerce System](#).

Select HERDs from the “My Applications” tab on the left.

NEW YORK STATE

Health Commerce System

Welcome

Search

Q

My Applications

Acronyms & Abbreviations

Comdir Search and Export Tool

Content Submission Tool

Coord Account Tools - PCC

County Survey

CR Facility Reporting

Electronic Plan Of Correction

Emergency Contacts

HC Distribution Mgmt System

Health eforms eXFORMA

Health Facilities Info Sys HFIS

HEC Application

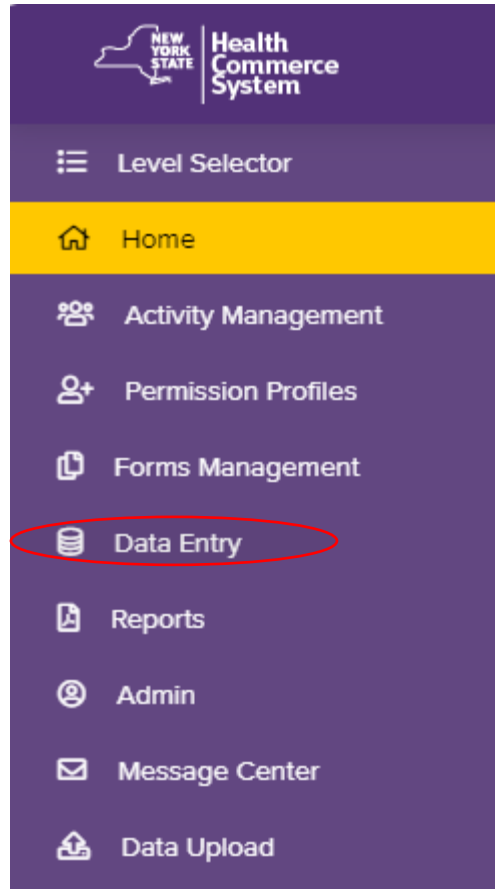
HERDS

IHANS

MFA Management

NH Surveillance

Once HERDs is accessed, select “Data Entry” along the left-side of the screen.



Activity: *

Once “Data Entry” is selected there is an Activity drop down. Choose “Quarterly ACF Facility Roster Form”

Please Select Activity

- Chempack Monthly Quality Assessment
- Complex Case Data Collection Tool
- COVID-19 Hospital Patient and Bed Summary-Revised
- Critical Asset Survey
- CTI Training
- Cybersecurity Assessment Survey
- Deaf and Hard of Hearing
- Durable Medical Equipment survey
- General Hospital Clinical Staffing Plan Supplement
- Hospital Opioid Survey
- HPP COVID-19 Supplemental Funding survey
- Infection Control Self-Assessment 2017
- NH Supplemental Funding Elig Federal Shr
- NH Supplemental Funding Elig Federal Shr-Chg Owner
- NIMS Annual Survey
- Ombudsman Complaint Form
- Ongoing COVID Vaccination Plan
- PHL 2803x 3.1 FAMILCOM
- PHL 2803x 3.6 CONTRACTINFO
- Quarterly ACF Facility Roster Form

After “Quarterly ACF Facility Roster Form” is selected, a drop-down for Organization becomes available.

Select your facility from the Organization drop-down list.

 Data Entry

Activity: *

Quarterly ACF Facility Roster Form ▼

Organization: *

Please Select Organization ▼

To access the Adult Care Facility, Facility Roster select your Facility under “Organization”, the same Facility should be listed under “Data Entity Name”.

Data Entry

Activity: *

Quarterly ACF Facility Roster Form

Organization: *

Your Facility Name

Show Organization Info

Form: *

ACF Facility Roster

Data Entity Type: *

Adult Care Facilities

Data Entity Name: *

Your Facility Name

Show Facility Info

Time Period: *

Quarterly : 01/01/2025 - 03/31/2025 01:00 AM

Delete Time Period Survey Data

The Adult Care Facility, Facility Roster Form will open and look like this.

☰ Level Selector

🏠 Home

👤 Activity Management

👤+ Permission Profiles

📄 Forms Management

🗄 Data Entry

📄 Reports

👤 Admin

✉ Message Center

📤 Data Upload

⬅ Click Here To Minimize Sidebar

User: █████ (State)
[About](#) | [Comments](#) | [Help](#)

Health Electronic Response Data System (HERDS)

[🏠 Home](#) [👤 My Content ▾](#) [🔍 Search](#) [🛠 Help ▾](#) [🚪 Log out](#)

📄 Data Entry

Activity: *

Quarterly ACF Facility Roster Form ▾

Add To Bookmarks

Organization: *

Your Facility Name

+ Show Organization Info

Form: *

ACF Facility Roster ▾

Data Entity Type: *

Adult Care Facilities ▾

Data Entity Name: *

Your Facility Name

+ Show Facility Info

Time Period: *

Quarterly : 01/01/2025 - 03/31/2025 01:00 AM ▾

Delete Time Period Survey Data

Form Information

Navigation Style:

Section ▾

* Required Field

🔄 Repeatable

✓ Data Saved to Work Area

✔ Data Submitted to DOH

➡ Current Field/Selection

❓ Field Information

Ⓜ Field with Rules

⚠ Warning

❌ Error

ACF Facility Roster

Save All

Review & Submit

Reset

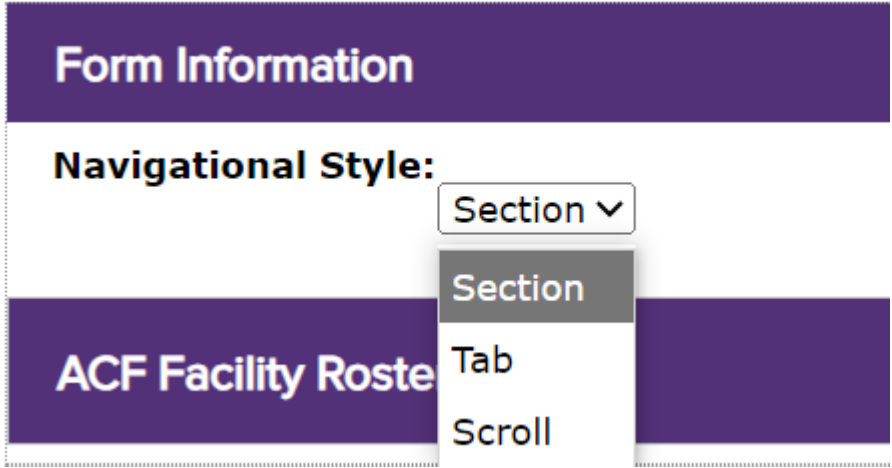
NEW YORK STATE
Department of Health

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Under Form Information is the selection “Navigational Style”.

By default “Section” is highlighted and allows the user to scroll from top to bottom of the webpage and view each section fully.









No changes are necessary to this selection.



The image shows a screenshot of a web form. At the top is a purple header bar with the text "Form Information" in white. Below this header, the text "Navigational Style:" is displayed. To the right of this text is a dropdown menu. The dropdown menu is open, showing three options: "Section", "Tab", and "Scroll". The "Section" option is highlighted with a dark grey background. To the left of the dropdown menu, there is a purple box with the text "ACF Facility Roste" in white. To the right of the dropdown menu, there is another purple box.

Note the legend below, located under Form Information to the right of “Navigation Style”. It indicates instructions as they relate to each entry.

***** this asterisk notes a question must be answered; the survey will not allow the person entering data to progress without completing this section.

***** Required Field  Repeatability  Data Saved to Work Area  Data Submitted to DOH
 Current Field/Selection  Field Information  Field with Rules  Warning  Error

The Survey Form starts with instructions related to the completion of the survey.

The facility will be entering data from the roster of the previous quarter. For example, for the period of 01/01/2025 to 03/31/2025 is the reporting period for Quarter 4 of 2024 (10/01/2024-12/31/2024).

Quarterly ACF Facility Roster Form

Survey Instructions:

Please note that the time period in HERDS data entry reflects the reporting window. Reported data must be the facility roster of the previous time period. For example, time period of 01/01/2025 to 03/31/2025 is the reporting period for Q4 of 2024 (10/01/2024-12/31/2024).

Please report all residents who lived at the Adult Care Facility during the quarterly reporting period. The quarterly reporting periods are as follows: (01/01/XXXX- 03/31/XXXX), (04/01/XXXX- 06/30/XXXX), (07/01/XXXX-09/30/XXXX), (10/01/XXXX-12/31/XXXX). **Please note the following:**

- The survey is **prepopulated** with the data from the previous reported quarter.
- **The admissions and discharges made during the reporting quarter must be entered into the survey.**
- If a resident was **reported discharged in the previous survey quarter**, the resident must be **removed from the current survey quarter.**
- If a resident is **discharged and readmitted during the quarter**, the resident record must be **reported only once using the most recent admission date.**

Each Save And Add section can support up to 50 resident submissions.

- For the **first data entry period**, **reporting roster from Q4 of 2024, please enter in resident roster from oldest admission date to newest admission date**



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All individuals that have resided/lived at the facility for the quarter being reported must be recorded.

No individuals should be deleted or removed from the roster, even if discharged or transferred, within the same quarter. The total number of individuals served may be higher than the facility max capacity. This is due to the admission of new residents throughout the reporting period, backfilling vacancies from discharge/transfer/death/etc. The purpose of this Roster is to establish a count of all individuals that received services during the reporting quarter.

Those that have left the facility will be counted the FOLLOWING quarter as discharged/deceased/transferred/etc., to begin the count for the following reporting period.

Individuals that were present for **ANY** portion of the quarter will be counted for the reporting quarter. Meaning, if a resident was present at a facility for one day within the reporting quarter, prior to transfer/discharge/etc., that individual must be counted as having been present. If the resident that is discharged to the hospital, then has a short-term rehab stay and is re-admitted, will only be counted ONE time, as having received services/lived within the facility, during the reporting period.

The form starts with “How many residents lived in the facility during the quarter being reported?”. This total is the beginning number of people living in the facility for the reporting quarter, plus each additional individual that moved in and received services during the reported quarter. (Do not subtract for discharges/transfers/deaths/etc.)

If a facility has a maximum capacity of 50, and starts the reported quarter full, with no discharges/transfers/deaths, the reporting number would be 50. If 2 residents moved out, and 2 more individuals had taken their place in the same quarter, the total number would be 52. All residents that have received services will be counted within the quarter.

Q1. How many residents lived in the facility during the quarter being reported?

Your response to Q1 must equal the number of resident entries



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Residents are entered into the survey in groups of 50. Facilities are advised to enter resident roster from oldest admission date (longest Tennant) to the most recent admission date (newest Tennant). To enter the resident living at the facility the longest, select “Edit” next to 50. Resident Entry.

Resident Entry

Save AllDelete All

You have added the last repeatable group. You can still Save All.

50. Resident Entry	Delete	Edit
49. Resident Entry	Delete	Edit
48. Resident Entry	Delete	Edit
47. Resident Entry	Delete	Edit
46. Resident Entry	Delete	Edit
45. Resident Entry	Delete	Edit

Resident First Name: Please report LEGAL name with no salutations *	<input type="text"/>	✓
Resident Last Name: *	<input type="text"/>	✓
Resident's Date of Birth: (MM/DD/YYYY) *	<input type="text"/>	✓
Resident Sex: *	<input type="radio"/> Female <input checked="" type="radio"/> Male	✓
Date of Resident Admission to Facility: Must be AT LEAST one day before reporting date (MM/DD/YYYY) *	<input type="text"/>	✓
Resident Admitted From: *	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input checked="" type="radio"/> 9	✓
Please Identify [9]Other:	<input type="text"/>	✓
Was this resident discharged this quarter? *	<input checked="" type="radio"/> Yes <input type="radio"/> No	✓
Resident Discharge Date: (MM/DD/YYYY)	<input type="text"/>	✓
Resident Discharged To:	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input checked="" type="radio"/> 8 <input type="radio"/> 9	✓
Please Identify [9]Other:	<input type="text"/>	
Please provide the address where resident discharged to:	<input type="text"/>	✓

Enter the residents First Name;
Last Name;
Date of Birth;
Resident Sex;
Date of Resident Admission to
Facility;
Resident Admitted From - if "other"
identify location (See Code 1-9 next
slide);
Was the resident discharged this
quarter?;
Resident Discharge Date;
Discharged to: if "other" identify
location (See Code 1-9 next slide);
and Address resident was
discharged to.

Copy of Code Chart for Admitted from/Discharged to category taken from the top of the survey.

From the Admitted From and Discharge to Fields, please use these codes:

- 1= Hospital
- 2= Private Psychiatric Hospital
- 3= State Psychiatric Hospital
- 4= Shelter
- 5= OPWDD Facility
- 6= Other Adult Care Facility
- 7= Nursing Home
- 8= Self / Family / Friend
- 9= Other (Fill In Text Field)

Repeat action from previous slide until all residents that lived within the facility for the quarter have been entered. For more than 50 residents select “Save & Add” to access additional slots of entry.

<div><div></div><div>Resident Entry 51-100</div></div>	<div>Save & Add</div>	<div>Delete All</div>
<div>2. Resident Entry 51-100</div>	<div>Delete</div>	<div>Edit</div>
<div>1. Resident Entry 51-100</div>	<div>Delete</div>	<div>Edit</div>

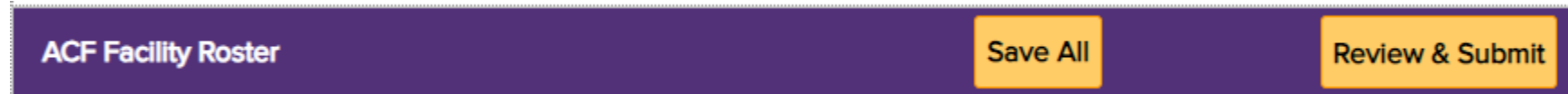
<div><div></div><div>Resident Entry 101-150</div></div>	<div>Save & Add</div>	<div>Delete All</div>
<div>1. Resident Entry 101-150</div>	<div>Delete</div>	<div>Edit</div>

<div><div></div><div>Resident Entry 151-200</div></div>	<div>Save & Add</div>	<div>Delete All</div>
<div>1. Resident Entry 151-200</div>	<div>Delete</div>	<div>Edit</div>

<div><div></div><div>Resident Entry 201-250</div></div>	<div>Save & Add</div>	<div>Delete All</div>
<div>2. Resident Entry 201-250</div>	<div>Delete</div>	<div>Edit</div>
<div>1. Resident Entry 201-250</div>	<div>Delete</div>	<div>Edit</div>

<div><div></div><div>Resident Entry 251-300</div></div>	<div>Save & Add</div>	<div>Delete All</div>
<div>1. Resident Entry 251-300</div>	<div>Delete</div>	<div>Edit</div>

Once every individual that received services during the quarter in question is entered, select “Save All” at the bottom of the survey screen.



Use EXTREME caution, to the right of these two selections is a “Reset” button. This will erase all entries made throughout the survey.



FREQUENTLY ASKED QUESTIONS

1. What is the purpose of this Quarterly Adult Care Facility Roster?

The Quarterly Adult Care Facility Roster has been implemented to improve the integrity of data provided by adult homes, which ultimately will benefit residents as the data is used to inform programming and policies aimed at improving the health and safety of adult home residents.

2. Do all Adult Care Facilities need to report quarterly or just those that have been identified as having a resident with Serious Mental Illness?

The Quarterly ACF Facility Roster is required for all Adult Home facilities for ALL residents, not just those having been identified as having Serious Mental Illness.

FREQUENTLY ASKED QUESTIONS

3. What dates are each quarter?

The Quarterly dates are as follows:

Quarter 1 is January 1, XXXX-March 31, XXXX

Quarter 2 is April 1, XXXX-June 30, XXXX

Quarter 3 is July 1, XXXX-September 30, XXXX

Quarter 4 is October 1, XXXX-December 31, XXXX

4. When does the facility add or remove a resident to the Quarterly Adult Care Facility Resident Roster?

The facility would need to add a newly admitted resident and also a resident who may have been discharged within a previous Quarter and readmitted in a new Quarter. Residents are not removed if they lived within the facility for any portion of the reporting period.

FREQUENTLY ASKED QUESTIONS

5. What if a resident is discharged and readmitted during the same quarter?

The resident record must be reported only once using the most recent admission date.

6. Why doesn't my number of residents match the number of residents being reported for the quarter?

Question number 1 is how many residents lived in the facility during the quarter being reported. This information only pertains to the current number of residents plus any new admissions during this quarter. This is not (automatically the same as) the current census.

FREQUENTLY ASKED QUESTIONS

7. How do I account for those residents that are discharged or deceased in a specific quarter?

The facility would select Edit on the right side of the resident entry # which is assigned when the facility is adding the residents to the initial roster. This is where a drop down will pop up to select the resident First name, Last name, Date of Birth, and Resident sex. From the list provided, above the first name, select the # that applies to where the resident was discharged to, the discharge date, and then scroll to the bottom of the page to “save all”. Finally select review and submit. Do not delete a resident during a quarter – the deletion will be completed in the next quarter. The reasoning is that even though a resident was discharged in a specific quarter, they must still be accounted for in that reported quarter.

FREQUENTLY ASKED QUESTIONS

8. When do facilities add admissions? Upon admission or not until the next quarter?

Admissions are always added to the facility roster upon admission date and counted in the total number completed in Question number one- which is the total number of residents having lived in the facility during each quarter.

9. How can the total number exceed the bed capacity in each quarter?

The total number of residents that were in the facility during a 3-month quarter is what is counted, whether they are still there or not.

10. When do the residents that have been discharged get removed and how do they get removed?

The residents that were discharged in a specific quarter will show as discharged by the facility having edited the status in the facility roster, however, are not removed from the count until the next quarter.

Questions?

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transitionalah@health.ny.gov



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