



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

December 31, 2025

DAL#: DACF-25-10
Subject: 2025 Adult Care Facility 4th Quarter
Statistical Information Report

Dear Adult Care Facility Administrator:

Regulations governing the operation of Adult Care Facilities (ACFs) are found under Title 18 of the New York Codes, Rules and Regulations ("18 NYCRR") and include Standards for Adult Homes (Part 487), Standards for Enriched Housing Programs (Part 488), and Standards for Residences for Adults (Part 490). Per 18 NYCRR §§ 487.10(e)(2), 488.10(e)(4), and 490.10(e)(4), Operators are required to submit a quarterly statistical information report (QSIR). These QSIRs are the primary source of data regarding ACF occupancy and ACF demographics and are used for many purposes, including grant allocation and certain regulatory impacts; therefore, accurate, timely, and verifiable data are essential.

All Adult Care Facilities licensed by the New York State Department of Health ("Department") are required to complete the 2025 4th Quarter Statistical Information Report (QSIR), reflecting the period from October 01, 2025, through December 31, 2025. This QSIR must be submitted no later than **January 31, 2026**. Faxed or printed copies will not be accepted. Please note that failure to submit this QSIR by January 31, 2026, may result in enforcement action including the imposition of civil penalties.

Administrators may access and complete the QSIR on the Health Commerce System effective January 01, 2026. Several HCS roles may enter QSIR data, including the ACF's Administrator, Administrator-Backup, HPN Coordinator, and Data Reporter; however, the Administrator or Administrator-Backup must review the QSIR data, complete the attestation statement, and submit the completed QSIR. Please note should the Administrator or Administrator-Backup experience errors when submitting, have the HCS coordinator verify that the appropriate permissions have been granted. It is also recommended to verify emergency contact information is accurate in the Health Commerce System. For your reference, QSIR access and completion instructions are included within QSIR, and in the enclosed Companion Guide and slide deck.

If you have any questions, please send via email to acfqsir@health.ny.gov. Thank you for your anticipated cooperation in this matter.

Sincerely,

A handwritten signature in blue ink that reads "KellyAnn Anderson". The signature is fluid and cursive, with a large, stylized "A" in the middle.

KellyAnn Anderson, Director
Division of Adult Care Facility
and Assisted Living Surveillance

Enclosures

cc: commtran@health.ny.gov
acfqsir@health.ny.gov