

Attachment # 1

Adult Care Facility Quarterly Statistical Information Report and Roster of Adult Home Residents Data Entry Instructions

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

Overview:

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

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.

Please note that currently there are two ACF Quarterly Statistical Information Reports that must be completed and submitted by August 26, 2014. The first report encompasses the time frame January 1 through March 31, 2014. The second report encompasses the time frame April 1 through June 30, 2014. Please Refer to **Attachment 2** for definitions of terms used in the report.

Data Entry Steps for the ACF First and Second Quarter Statistical Information Reports:

- 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 “HCBC” if available, and then continue to Step 6. If “HCBC” is not available, continue with step 4. (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: Click “Applications” in the top menu of the Welcome page.
- Step 5: Above the “Application Name,” select “Browse by letter H” and scroll down to “Home and Community Based Care” 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 “ACF 1st Qtr 2014 Statistical Info Report” to enter data for the time period January 1, 2014 through March 31, 2014. Select “ACF 2nd Qtr 2014 Statistical Info Report” to enter data for the time period April 1, 2014 through June 30, 2014.”

- 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 Details” 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 and 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 programmatic requirements, please call Fikile Mahlangu or Jillanna Devik at (518) 408-1133. For technical assistance, please contact the Bureau of Healthcom Network System Management at (518) 473-1809.

Data Entry Instructions for Roster of Adult Home Residents:

The Roster of Adult Home Residents (**Attachment 3 sent via HCS**) must be completed by all adult homes 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. Directions for completion of the Roster of Adult Home Residents are embedded in the Excel spreadsheet. **UPDATE DATA FOR RESIDENTS REPORTED PREVIOUSLY AND ADD INFORMATION FOR NEW RESIDENTS.**

Attachment 4 (sent via HCS) contains directions for submitting the Roster of Adult Home Residents to the Department via the Health Commerce System (HCS) Community Transition Upload Application.