



## Department of Health

ANDREW M. CUOMO  
Governor

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

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

July 2, 2018

DAL#: 18-18  
2018 Adult Care Facility 2<sup>nd</sup>  
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 2018 ACF 2<sup>nd</sup> Quarter Statistical Information Report, encompassing the time period from April 1, 2018 to June 30, 2018. 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.

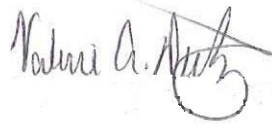
Those facilities that are required to complete the Roster of Adult Home Residents, must provide information for all residents residing in the facility at any time during the period from April 1, 2018 to June 30, 2018. Facility-specific Rosters of Adult Home Residents corresponding to each quarter are 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 2018 ACF 2<sup>nd</sup> Quarter Statistical Information Report (and Roster of Adult Home Residents, if applicable) must be submitted to the Department no later than **July 31, 2018**. You will be able to access and complete these reports on the HCS effective July 2, 2018. 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 → 2<sup>nd</sup> Quarter 2018 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 Georgina Raus or Jillanna Devik at (518) 408-1133. Questions specific to the Roster of Adult Home Residents should be directed to Matthew Gasbarro at (518) 485-8781.

Please note that failure to submit this report by July 31, 2018, 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", with a stylized flourish at the end.

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

cc Carol Rodat