



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

June 16, 2025

DAL#: DACF 25-13
Subject: Quarterly Adult Care Facility Roster
Form

Dear Adult Care Facility Administrator:

Regulations governing the operation of Adult Care Facilities are found under Title 18 of the New York Codes, Rules and Regulations ("18 NYCRR") and include Standards for Adult Homes (Part 487). Per 18 NYCRR §§ 487.4 and 487.10, Operators are required to submit a Quarterly Facility Roster. These quarterly rosters are the primary source of data collection regarding occupancy and resident demographics, and are used for many purposes, including to inform programming and policies aimed at improving the health and safety of Adult Home residents. Therefore, accurate, timely, and verifiable data are essential.

All Adult Care Facilities with a baseline license of Adult Home by the New York State Department of Health ("Department") are required to complete the Quarterly Facility Roster, beginning with Quarter 2 of 2025, reflective of April 1, 2025 – June 30, 2025. The report will open July 1, 2025, and is due August 15, 2025.

Administrators may access and complete the Quarterly Facility Roster on the Health Commerce System (HCS) effective July 1, 2025. Several Health Commerce System roles may enter data, including the Administrator, Administrator-Backup, HPN Coordinator, and Data Reporter. However, the Administrator or Administrator-Backup must review the Roster data, complete the attestation statement, and submit the completed Roster. Please note should the Administrator or Administrator-Backup experience errors when submitting, the HCS coordinator should first verify that the appropriate permissions have been granted.

It is also recommended to verify that emergency contact information is accurate in the Health Commerce System. For your reference, Quarterly ACF Facility Roster access and completion instructions are included within Quarterly ACF Facility Roster, and in the enclosed slide deck and Frequently Asked Questions.

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

Sincerely,

A handwritten signature in blue ink that reads "Kelly Ann Anderson".

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

Enclosures

cc: Dr. Fish

V. Deetz

C. Rodat

H. Hayes

B. Smith

K. Walker

W. McBride

commtran@health.ny.gov

acfqsir@health.ny.gov