

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. It is recommended that data be entered in the eight mandatory fields (indicated by a red asterisk on the data entry report form) and saved before continuing. If the session times out before the mandatory 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.

There are several attachments that will facilitate completion of the ACF Quarterly Statistical Information Report. **Attachment 2** contains definitions of terms used in the report and attachments. The Roster of Adult Home Residents (**Attachment 3**) 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. **Attachment 4** contains directions how to submit the Roster of Adult Home Residents to the Department via the Health Commerce System (HCS) Secure File Transfer (SFT) Utility.

Data Entry Steps for ACF Quarterly Statistical Information Report:

- Step 1: Start by logging onto the 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: If associated with more than one “User Reporting Organization” (e.g., ACF and LHCSA), first verify that the correct organization is selected. Then, in the top menu of the Home and Community Based Care page, under Data Entry, 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 Quarterly Statistical Information Report for 2013 – 2nd Quarter.”

- Step 8: If associated with more than one facility, select the proper facility name from the “Reporting Org” dropdown box. If a blank report is needed to collect data, select “Data Entry Form Viewer.”
- Step 9: Enter data in fields 2 through 9 and click “Save.”
- Step 10: A “Saved data successfully” confirmation message will appear. **If required fields are missing data or errors exist, the problem(s) must be corrected or the data will not be saved.**
- Step 11: Click “Preview Data to be Submitted.” If there are no errors, proceed with Step 12 below. If there are errors, scroll down to see error messages. Click “Return to Data Entry” and correct the entries. Click “Save” and repeat Step 11 as needed.
- Step 12: Click “Proceed to Submit Data to DOH.”
- Step 13: The following confirmation message will appear:
- Thank You. Data have been submitted to the Department of Health. Click the Completion Status button to update activity status.**
- Step 14: In the Completion Status dropdown box, select “Completed” and click “Update Activity Status.”
- Step 15: Confirmation of a status change with date, time and user will appear.

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 several roles may enter data, the “Administrator” must affix his/her signature and date the attestation statement. For assistance with programmatic requirements, please call Marcia Kolakoski at (518) 485-8781. 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:

Directions for completion of the Roster of Adult Home Residents are embedded in the Excel spreadsheet. (See Attachment 3.) See Attachment 4 for instructions regarding electronic submission of the roster to the New York State Department of Health.