

ADULT CARE FACILITY

QUARTERLY STATISTICAL
INFORMATION REPORT
COMPANION GUIDE



Adult Care Facility Quarterly Statistical Information Report – Companion Guide

General Instructions

To help avoid data entry errors, please read through all the directions before starting the Quarterly Statistical Information Report (QSIR).

Please be aware of the session time limit for data entry. We recommend that you save the form periodically while entering data to avoid losing data should the system time out.

Also please save the form after entering data in Adult Care Facility Information. The fields that are not applicable to the facility will be shaded. The facility is then required to complete only the fields that are not shaded.

All required fields (*) must be entered before the QSIR data is submitted.

All numeric fields must be entered without commas or special characters.

Use ? (Help) for instructions.

Use ® for Rule information.

Please note that failure to submit this Quarterly Statistical Information Report by the due date provided in the accompanying Dear Administrator Letter may result in enforcement action, including the imposition of civil penalties.

For questions concerning the completion of this QSIR, please contact acfqsir@health.ny.gov.

Adult Care Facility 1st Quarter Statistical Information Report

Section 1 - Adult Care Facility Information

| Question | Instructions |
|---|--|
| 1. Adult Care Facility Type | Identify whether the facility is an Adult Home or Enriched Housing Program. |
| 2. Licensed Bed Capacity - Total | This field is applicable only to Adult Homes. The information is used for calculation of transitional adult home. Enter the total licensed bed capacity of the facility from the most recent operating certificate. |
| 3. Is the licensed bed capacity in the above 80 or greater? | Please select "Yes" or "No." |
| 4. Does the facility have Assisted Living Residence (ALR) beds? | Select "Yes" only if the facility is currently licensed as an Assisted Living Residence (ALR). If the facility is a licensed ALR, the |

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| Question | Instructions |
|---|---|
| | most recent Operating Certificate will reflect ALR licensure. |
| 5. Does the facility have Assisted Living Program (ALP) beds? | Select “Yes” only if the facility is currently licensed as an Assisted Living Program (ALP). If the facility is a licensed ALP, the most recent Operating Certificate will reflect ALP licensure. |
| 6. Operating Certificate Number of the contracted Certified Home Health Agency (CHHA) | To be completed only if the facility has ALP beds. |
| 7. License number of the affiliated Licensed Home Care Services Agency (LCHSA) | To be completed only if the facility has ALP beds. |

Section 2 - Beginning Census on January 1, 2022 at 12:00 AM

| Question | Instructions |
|------------------------------|---|
| 8. Beginning Census - TOTAL | Number of residents listed on the Daily Census Report at 12:00 AM on the first day of the quarterly reporting period. |
| 9. Beginning Census - ALP | Number of ALP residents on the Daily Census at 12:00 AM on the first day of the quarterly reporting period. |
| 10. Beginning Census – ALR | Number of ALR residents on the Daily Census at 12:00 AM on the first day of the quarterly reporting period. |
| 11. Beginning Census – EALR | Number of EALR residents on the Daily Census at 12:00 AM on the first day of the quarterly reporting period. |
| 12. Beginning Census – SNALR | Number of SNALR residents on the Daily Census at 12:00 AM on the first day of the quarterly reporting period. |

Section 3 - Admissions during Quarter (January 1- March 31, 2022)

| Question | Instructions |
|--|--|
| 13. Admissions-TOTAL | Total number of Admissions during the reporting quarter. This field should be the sum of Questions #14 – 22, questions related to admission. |
| 14. Admissions from General Hospital | Total number of admissions from General Hospital during the reporting quarter. |
| 15. Admissions from Private Psychiatric Hospital | Total number of admissions from Private Psychiatric Hospital during the reporting quarter. |

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| Question | Instructions |
|---|--|
| 16. Admissions from State Psychiatric Hospital | Total number of admissions from State Psychiatric Hospital during the reporting quarter. |
| 17. Admissions from Shelter | Total number of admissions from Shelter during the reporting quarter. |
| 18. Admissions from Office of Mental Health (OMH) -Funded Housing | Total number of admissions from OMH Funded Housing during the reporting quarter. |
| 19. Admissions from Office of People with Development Disability (OPWDD) Facility | Total number of admissions from OPWDD Facility during the reporting quarter. |
| 20. Admissions from other Adult Care Facility | Total number of admissions from another Adult Care Facility during the reporting quarter. |
| 21. Admissions from Nursing Home | Total number of admissions from Nursing Home/s during the reporting quarter. |
| 22. Admissions from other Sources | Total number of admissions from other sources not listed above during the reporting quarter. |
| 23. Admissions from other Sources – Specify Sources | Specify sources for the number listed in 22. |

Section 4 - Discharges during Quarter (January 1- March 31, 2022)

| Question | Instructions |
|--|---|
| 24. Discharges- Total | Total number of Discharges during the reporting quarter. This field should be the sum of Questions #25 – 35, questions related to Discharges. |
| 25. Discharges to General Hospital | Total number of Discharges to General Hospital during the reporting quarter. |
| 26. Discharges to Private Psychiatric Hospital | Total number of Discharges to Private Psychiatric Hospital during the reporting quarter. |
| 27. Discharges to State Psychiatric Hospital | Total number of Discharges to State Psychiatric Hospital during the reporting quarter. |
| 28. Discharges to Shelter | Total number of Discharges to Shelter/s during the reporting quarter. |
| 29. Discharges to OMH - Funded Housing | Total number of Discharges to OMH-Funded Housing during the reporting quarter. |
| 30. Discharges to OPWDD Facility | Total number of Discharges to OPWDD facility during the reporting quarter. |
| 31. Discharges to other Adult Care Facility | Total number of Discharges to other Adult Care Facility/ies during the reporting quarter. |

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| Question | Instructions |
|-------------------------------------|---|
| 32. Discharges to Nursing Home | Total number of Discharges to Nursing Home/s during the reporting quarter. |
| 33. Discharges to Private Residence | Total number of Discharges to Private Residence/s during the reporting quarter. |
| 34. Discharges to other Facility | Total number of Discharges to other Facility/ies during the reporting quarter. |
| 35. Discharges due to Death | Total number of Discharges due to Death during the reporting quarter. |

Section 5 - Ending Census on March 31, 2022, 11:59 PM

| Question | Instructions |
|-------------------------------|---|
| 36. Quarter-End Census- Total | Number of residents listed on the Daily Census Report at 11:59pm on the last day of the quarterly reporting period. |
| 37. Quarter-End Census- ALP | Number of ALP residents listed on the Daily Census Report at 11:59pm on the last day of the quarterly reporting period. |
| 38. Quarter-End Census-ALR | Number of ALR residents listed on the Daily Census Report at 11:59pm on the last day of the quarterly reporting period. |
| 39. Quarter-End Census-EALR | Number of EALR residents listed on the Daily Census Report at 11:59pm on the last day of the quarterly reporting period. |
| 40. Quarter-End Census-SNALR | Number of SNALR residents listed on the Daily Census Report at 11:59pm on the last day of the quarterly reporting period. |

Section 6 - Ending Census – Age Category

| Question | Instructions |
|---|---|
| 41. Number of residents Aged 18 - 55 | Total number of residents between the ages 18 - 55 on the last day of the quarterly reporting period. |
| 42. Number of residents Aged 56 - 65 | Total number of residents between the ages 56 - 65 on the last day of the quarterly reporting period. |
| 43. Number of residents Aged 66 - 80 | Total number of residents between the ages 66 - 80 on the last day of the quarterly reporting period. |
| 44. Number of residents Aged 81 - 99 | Total number of residents aged 81 - 99 on the last day of the quarterly reporting period. |
| 45. Number of Residents Aged 100 or greater | Total number of residents aged 100 or greater on the last day of the quarterly reporting period. |

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Section 7 - Ending Census – Pay Source Category

| Question | Instructions |
|--|---|
| 46. Number of Residents Private Pay | Total number of residents in private pay on the last day of the quarterly reporting period. |
| 47. Number of Residents Medicaid Spend Down | Total number of residents in Medicaid Spend Down on the last day of the quarterly reporting period. |
| 48. Number of Residents Receiving Supplemental Security Income (SSI)/Supplemental Security Payment (SSP) | Total number of residents receiving SSI/SSP on the last day of the quarterly reporting period. |
| 49. Number Residents Receiving Safety Net | Total number of residents receiving safety net on the last day of the quarterly reporting period. |

Section 8 - Ending Census – Serious Mental Illness

Definitions:

Serious Mental Illness (SMI):

Per 18 NYCRR, Section 487.2(c), persons with *serious mental illness* means individuals who meet criteria established by the Commissioner of Mental Health, which shall be persons who have a designated diagnosis of mental illness under the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (but not a primary diagnosis of alcohol or drug disorders, organic brain syndromes, developmental disabilities or social conditions) and whose severity and duration of mental illness results in substantial functional disability. (Refer to DAL 13-01 Attachment A) . For additional information, please refer to the companion guide

Transitional Adult Home:

Per 18 NYCRR, Section 487.13 (a)(b)(1) A *transitional adult home* is an adult home with a certified capacity of 80 beds or more in which 25 percent or more of the resident population are persons with serious mental illness as defined in subsection 487.2(c) of this Part.

| Question | Instructions |
|--|---|
| 50. Number of Residents with a Diagnosis of Serious Mental Illness - Total | Total number of Residents with a Diagnosis of Serious Mental Illness on the last day of the quarterly reporting period. |

Section 8A - Transitional Adult Home

| Question | Instructions |
|---|--|
| Total Percent of SMI residents to Licensed Bed Capacity | This is an automatic calculation field. |
| 51. Transitional Adult Home | Check the box if the above is 25 or greater. (Please see definition of transitional adult home.) |

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If not a Transitional Adult Home, complete and submit the Quarterly Statistical Information Report to certify compliance.

If a Transitional Adult Home, upon submission of the QSIR, please know the facility will be required to update the existing Roster of Adult Home Residents (Excel spreadsheet) listing ALL residents.

Section 8B - Ending Census – SMI Category

| Question | Instructions |
|---|---|
| 52. Number of Residents with a Diagnosis of Serious Mental Illness -ALP | Total number of ALP Residents with a Diagnosis of Serious Mental Illness on the last day of the quarterly reporting period. |
| 53. Number of Residents with a Diagnosis of Serious Mental Illness - ALR | Total number of ALR Residents with a Diagnosis of Serious Mental Illness on the last day of the quarterly reporting period. |
| 54. Number of Residents with a Diagnosis of Serious Mental Illness -EALR | Total number of EALR Residents with a Diagnosis of Serious Mental Illness on the last day of the quarterly reporting period. |
| 55. Number of Residents with a Diagnosis of Serious Mental Illness -SNALR | Total number of SNALR Residents with a Diagnosis of Serious Mental Illness on the last day of the quarterly reporting period. |

Section 8C - Ending Census- SMI Services

| Question | Instructions |
|--|---|
| 56. Number of Residents with a Diagnosis of Mental Illness Receiving No Mental Health Services | Total number of Residents with a Diagnosis of Mental Illness Receiving No Mental Health Services on the last day of the quarterly reporting period. |
| 57. Number of Residents Receiving Mental Health Services for Serious Mental Illness | Total number of Residents Receiving Mental Health Services for Serious Mental Illness on the last day of the quarterly reporting period. |
| 58. Name(s) of the mental services provider | List name(s) of the Mental Health Services provider for the number listed in 57. |

Section 8D - Ending Census – SMI Services Site

| Question | Instructions |
|--|---|
| 59. Number of Residents Receiving Services for Serious Mental Illness, Onsite ONLY | Total number of Onsite Residents Receiving Mental Health Services for Serious Mental Illness on the last day of the quarterly reporting period. |
| 60. Number of Residents Receiving Services for Serious Mental Illness, Offsite ONLY | Total number of Offsite Residents Receiving Mental Health Services for Serious Mental |

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| Question | Instructions |
|---|---|
| | Illness on the last day of the quarterly reporting period. |
| 61. Number of Residents Receiving Services for Serious Mental Illness, both Onsite and Offsite | Total number of Onsite and Offsite Residents Receiving Mental Health Services for Serious Mental Illness on the last day of the quarterly reporting period. |

Section 9 - Quarterly Statistical Information Report Attestation (Only the Administrator of the facility can submit)

I attest that all the responses furnished in the Adult Care Facility Quarterly Statistical Information Report are true and accurate.