



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Executive Deputy Commissioner

April 1, 2024

DAL#: DACF 24-02
Subject: 2024 Adult Care Facility 1st Quarter
Statistical Information Report

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), Standards for Enriched Housing Programs (Part 488), and Standards for Residences for Adults (Part 490). Per 18 NYCRR §§ 487.10(e)(2), 488.10(e)(4), and 490.10(e)(4), Operators are required to submit a quarterly statistical information report. These Quarterly Statistical Information Reports are the primary source of data regarding Adult Care Facility occupancy and Adult Care Facility demographics and are used for many purposes, including grant allocation and certain regulatory impacts; therefore, accurate, timely, and verifiable data are essential.

All Adult Care Facilities licensed by the New York State Department of Health (“Department”) are required to complete the 2024 1st Quarter Statistical Information Report, reflecting the period from January 1, 2024, through March 31, 2024 . This Quarterly Statistical Information Report must be submitted no later than **April 30, 2024**. Faxed or printed copies will not be accepted. Please note that failure to submit this Quarterly Statistical Information Report by April 30, 2024 may result in enforcement action including the imposition of civil penalties.

Administrators may access and complete the Quarterly Statistical Information Report on the Health Commerce System effective April 1, 2024. Several Health Commerce System roles may enter Quarterly Statistical Information Report data, including the Adult Care Facility Administrator, Administrator-Backup, Health Program Nurse Coordinator, and Data Reporter; however, the Administrator or Administrator-Backup must review the Quarterly Statistical Information Report data, complete the attestation statement, and submit the completed Quarterly Statistical Information Report. Please note should the Administrator or Administrator-Backup experience errors when submitting, have the Health Commerce System coordinator verify that the appropriate permissions have been granted. It is also recommended to verify emergency contact information is accurate in the Health Commerce System. For your reference, Quarterly Statistical Information Report access and completion instructions are included within Quarterly Statistical Information Report, and in the enclosed Companion Guide and slide deck.

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

Sincerely,

A handwritten signature in blue ink that reads "Kelly Ann Anderson". The signature is written in a cursive style with a large, looping initial "K".

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

Enclosure

cc: commtran@health.ny.gov
acfsir@health.ny.gov