

JAMES V. McDONALD, MD, MPH Commissioner

JOHANNE E. MORNE, MS Executive Deputy Commissioner

November 18, 2024

DAL: DHCBS 24-08 Subject: 2023 LHCSA Statistical Report and 2023 ALP LHCSA Statistical Report

Dear Administrator:

The 2023 Licensed Home Care Services Agency (LHCSA) Statistical Report and the 2023 Assisted Living Program (ALP) LHCSA Statistical Report will be made available for completion on November 15, 2024. Reports must be submitted by **December 31, 2024**.

## LHCSA Registration Process

Section 3605-b, of the Public Health Law (PHL) requires annual registration of all licensed home care services agencies with the Department of Health ("Department"). As such, all LHCSAs, including those that are affiliated with an ALP, are required to be registered with the Department beginning January 1, 2019, and annually thereafter. The registration status of each LHCSA is then publicly posted on the Department's Health Data NY website at <a href="https://data.ny.gov/browse?q=Licensed%20Home%20Care%20Services%20Agency%20Regist\_ration%20Status">https://data.ny.gov/browse?q=Licensed%20Home%20Care%20Services%20Agency%20Regist\_ration%20Status</a>.

LHCSAs must register for 2025 by successfully submitting a <u>complete</u> 2023 LHCSA Statistical Report and/or 2023 ALP LHCSA Statistical Report. Failure to complete and submit the statistical report by the stipulated deadline will result in the following penalties:

- A \$500 fine will be assessed for each month, or part of a month, that the LHCSA is not registered.
- LHCSAs that are not registered will not be allowed to operate until they become registered.
- The Department may revoke the license of any LHCSA that fails to register timely for two years, not necessarily consecutive.

Please note that LHCSAs that were licensed during the current calendar year (2024) will be automatically registered for and may provide and bill for services rendered during 2025.

#### ALP LHCSAs

All ALP LHCSAs must submit the 2023 ALP LHCSA Statistical Report. An ALP LHCSA serving patients in the community must also complete and submit all sections of the 2023 LHCSA Statistical Report to report data for these community patients; however, an ALP LHCSA that does not serve patients in the community must only complete and submit the 2023 ALP LHCSA Statistical Report. For those ALP LHCSAs submitting both reports, the submission date of the first successfully submitted report will be considered the submission date for the agency for registration purposes.

#### **Report Platform**

The 2023 LHCSA Statistical Report and the 2023 ALP LHCSA Statistical Report will use the Department-developed Universal Data Collection System (UDCS) platform.

- Please review and follow the directions for the 2023 Statistical Reports.
- Only those assigned the Health Commerce System (HCS) Administrator Role will be allowed to submit the report. It is imperative that your agency's HCS Administrator Role assignments be accurate and up to date. The LHCSA Administrators from past submissions of the Statistical Report are currently loaded on the Healthcare Financial Data Gateway. New Administrators will be added manually. If you are unable to access the Data report on the Healthcare Financial Gateway. please email HCStatRpts@health.ny.gov to ensure that requisite permissions to access the UDCS platform are in place.
- The UDCS application and the LHCSA Statistical Report form(s) must be downloaded from the HCS and installed on a user's computer. There have not been changes to the software therefore users who submitted the 2022 report will not need to redownload the software to complete the 2023 report. However, the 2023 report form(s) will need to be downloaded. Users designated by the agency can then enter the required data.

Please continually monitor the HCS. Information will be provided through the HCS including directions for downloading and installing the UDCS application and the LHCSA Statistical Report forms, suggestions for using the application in different technical environments and organizational structures, entering data into the forms, and submitting the completed report. Please read these documents carefully. The 2023 LHCSA Statistical Report is extensive and the successful registration of your LHCSA depends upon your submission of an acceptable LHCSA Statistical Report.

Thank you in advance for the timely submission of your 2023 LHCSA Statistical report. Please send any questions, comments, and concerns to <u>HCStatRpts@health.ny.gov</u>.

Sincerely,

Meldeal Pfinter

Mildred P. Ferriter, MBA Director, Division of Home & Community Based Services Surveillance

Attachment

cc: V. Deetz M. Chittenden

## INTRODUCTION

Welcome to the documentation for LHCSA (Licensed Home Care Services Agency) and ALP (Assisted Living Program) LHCSA Statistical Report using the Universal Data Collection System (UDCS), a data collection tool that enables you to enter data for submission to the Department of Health in a spreadsheet-like environment. In the past, the Statistical Report information was collected through the Health Electronic Response Data System (HERDS). This has been upgraded to UDCS because it offers a more familiar, Excel-like interface and more powerful editing capabilities.

A UDCS data collection application has two parts – the UDCS Report Manager and Shell, which manage the reports on your computer and is like the Microsoft Excel executable, and the reports or formats that correspond to spreadsheets. This document will guide you through the process of downloading and installing the UDCS Report Manager and Shell and the reports.

## NOTES:

- A Health Commerce System (HCS) account is required to download the UDCS Report Manager, Shell, and the reports.
- The Report Manager requires Windows 7 or later operating system. The software WILL NOT operate correctly with previous operating systems such as Windows Vista or Windows XP and CANNOT be run on an Apple computer.
- The software, executables, and reports must be installed on the computer of the user who will be entering and submitting the data. The user installing the software must have Windows Administrator privileges on the computer on which it is being installed. The Windows Administrator must not use the "Administrator Shortcut" where the user is signed on to the computer, but the Administrator right clicks and chooses "Run as Administrator". The Administrator must sign on to the computer.
- Only users who were assigned the HCS Administrator role <u>when the application was released</u> will be able to submit data. Other users can be added afterward but a request must be sent to <u>HCStatRpts@health.ny.gov</u> after the user has been assigned the HCS Administrator role.
- A single data file (this file has an extension of .pnp) should be created for each licensed site that your organization operates.
- A single copy of the data file can be stored in a location where multiple people can access it. This will
  enable people to enter the data that is appropriate for their organizational function e.g. business office
  personnel entering the cost and revenue data and human resources personnel entering staffing and
  wages data. <u>HOWEVER, ONLY ONE PERSON SHOULD ENTER DATA AT A TIME.</u> If multiple people
  are entering data at the same time, only the data from the last person who saved will be retained.
- This documentation has been updated from previous versions. Images may be from previous report years. Dates in the text have been updated for the current report year (2023).

User Account Control

Do you want to allow this app from an unknown publisher to make changes to your device?

×

C:\WINDOWS\Installer\b6	1361a.msi
Publisher: Unknown File origin: Hard drive on this c	omputer
Show more details	
To continue, enter an admin us	er name and password.
User name	
Password	
Domain: SVC	
More choices	
Yes	No

## Installing the Software, Reports and Documentation

- 1. Login to the HCS.
- 2. Click on Healthcare Financial Data Gateway in My Applications.
- 3. If it is not there:
  - a. Click on the **My Content** tab at the top of the HCS home page.
  - b. Click on All Applications.
  - c. Click on **H** in the **Browse by** alphabet list.
  - d. Click on the **green sphere** marked with a plus sign (+) on the row for the **Healthcare Financial Data Gateway**.
  - e. Go back to My Content.
  - f. Click on Healthcare Financial Data Gateway in My Applications.

This will take you to the **Healthcare Financial Data Gateway** main page.

100			EVAL			
Home	Software	Submissions	Publications	Reports	Administration	
Welcome to th	e Healthcare F	Financial Data Gate	way			
The navigation bar al	bove contains selec	table tabs for each function	al area of the application a	nd is used to navigate thre	sughout the application.	
Please read the desc	criptions of these ar	eas below:				
Software:	The "Software" ta download will be s	b is used to download the aved as a zip file.	e Cost Report software a	nd supporting document	ation. Items selected for	
Submissions:	The "Submissions	* tab can be used to do any	of the following.			
	<ul> <li>Submit you</li> <li>View the di</li> <li>Certify a pr</li> </ul>	ur completed and finalized ( etails of past submissions eviously submitted Cost Re	Cost Report			
Publications:	The "Publications" directly related to	tab is used to download the distribution of the Cost	additional information dis Report software.	tributed by the Departm	ent of Health that is not	
Reports:	The "Reports" tab	is used to access a downlo	adable history of submiss	ion and certification detai	Is for the Cost Reports.	
Administration:	The "Administratio	n" tab can be used to do a	ny of the following.			
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#### Installing the Software

- 1. Go to the Healthcare Financial Data Gateway main page.
- 2. Click on the Software tab the Software, Reports and Documentation page will display.

Health	Care Financia State Department of He	al Data Gat	eway w	elcome John P Huffaker me I Contact I He	lp	
EVAL			EVAL			EVAL
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Documentation	01/27/2017 09:3	5:53 Th	e DOCUMENTATION sec st reports. This includes	tion contains all suppleme instructions, category of se	ental items to help aid in the comp ervice documents and quarterly let	eletion of the tters.
© 2014 NYS Department of Heal	th				S	ystem Information

3. Click the **Software** button- the **Download Software** page will display.

	Healthcare Final	ncial Data Gate	eway	Welcome John P Huffaker Home   Contact	Help	
EVAL			EVAL			EVAL
Home	Software	Submissions	Publications	Reports	Administration	
	SOFTWARE					
Software						
Note: Downloa	d and installation only necessary	y if software was never previou	usly installed or upd	ated since last install, reg	ardless of reports.	
				Version Number	Last Updated	
For 20	)17-Annual matrix reports and earl	ier ONLY.				
O R	eport Manager and Shell Version 4	4 (Installation Instructions Inclue	ded)	4.0.6	02/22/2018 10:04:34	
© R	eport Manager and Shell Version (	5 (Installation Instructions Inclue	ded)	5.1.1	05/04/2018 10:00:47	
Download						
© 2014 NYS Depa	artment of Health					System Information

- 4. Select Report Manager and Shell Version 5 (Installation Instructions Included).
- 5. Click on the **Download** button at the bottom of the page.
- 6. Save the .zip file to the location of your choice.
- 7. Open the .zip file and extract the Report Manager and Shell software and the installation documentation (this documentation is more extensive than is required to install the software for the Statistical Report and contains some information not applicable to LHCSAs).

#### Installing the Software continued...

8. Run the UDCS\_REPORT\_MANAGER\_SETUP\_<version>.exe program. The InstallShield Wizard splash screen will display after some initializations are performed. Click Next.



9. The Program Maintenance dialog will display. Select Modify and click Next.



Installing the Software Continued...

10. The Custom Setup dialog screen will display. Click Next.

🙀 UDCS Report Manager V5 - InstallShield Wizard	x
Custom Setup Select the program features you want installed.	と
Click on an icon in the list below to change how a feature is in	stalled.
	Feature Description
InstallShield	Next > Cancel

11. The **Ready to Modify the Program** dialog will display. Click **Install**.

📴 UDCS Report Manager V5 - InstallShield Wizard 🛛 🗙
Ready to Modify the Program     Image: Constant of the Wizard is ready to begin installation.
If you want to review or change any of your installation settings, click Back. Click Cancel to exit the wizard. Current Settings:
Setup Type: Typical
Destination Folder: C:\Program Files (x86)\WYS Department of Health\UDCS Report Manager V5\
User Information: Name: pcadmin Company:
InstallShield

12. A Desktop icon will be created named Launch Report Manager V5. Use this to launch the application.

# Installing the Reports Downloading the Reports

- 1. Go to the Healthcare Financial Data Gateway main page.
- 2. Click on the Software tab the Software, Reports and Documentation page will display.

Heal	thcare Finan	cial Data Gat	teway Welcom	e	
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Reports	11/30/2021	Ti yo 21:45:49 so po qu	ne REPORTS section contains our plan is responsible for comp offware from the SOFTWARE s oint to that downloaded zip file arter, they must be downloade	the individual cost report leting. A zip file will be do ection is installed, you ca on your PC. NOTE: Since d each quarter or when a	XML files. Please choose only the files winloaded to your computer. Once the n open the Report Manager Software ar the REPORTS to be completed will var in updated report is posted.
Documentation		Ti re	ne DOCUMENTATION section	contains all supplemental	items to help aid in the completion of th

- 3. Click on the **Reports** button the **Download Matrix Reports** page will display.
  - a. Organization Type is Home and Community Based Services
  - b. Submission Schedule can be Annual LHCSA or Annual ALP\_LHCSA
  - c. Select the Submission Year.
  - d. Submission Period is Annual
- 4. Click on the **Search** button.

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Home	Software	Submissions	Publicatio	ons Reports	Administration
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Organization Type:	Home and Community E	lased Services 🗸	Submission Schedule:	Select	~
Submission Year:	Select	~	Submission Period:	Select Annual(ALP_LHCSA only)	Search
				Annual(LHCSA only) CY Annual	\$

Downloading the reports continued...

5. Unselect all reports except for the current year's LHCSA Annual report and click the Download button.

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Home	Software	Submis	sions	Publicatio	ons	Reports	Administ	ration
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trix Reports								
organization Type:	Home and Comm	unity Based Services	~	Submission Schedule:	Annual(LHC	SA only)	~	
Submission Year:	2021	~		Submission Period:	Annual		~	Search
atrix Reports for 2	021 Annual							
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LHCSA 2	2021 - Annual							
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Download								

6. DO NOT OPEN THE .zip FILE. Save the .zip file to the location of your choice. Some computers automatically save the downloaded .zip file into the computer's Download folder. If your computer does not ask where you would like to save the file, it has most likely automatically saved the file in the Downloads folder. Do not modify this .zip file – it contains an encrypted file and can only be used by the UDCS Shell. Instructions for managing this file with the UDCS Report Manager and using it with the UDCS Shell are contained later in this documentation.

# **Running the Application**

Running the application for the first time

- 1. Click the Launch Report Manager desktop icon.
- 2. The UDCS Select a Report dialog will display. Click the Add Downloaded Report button.

File Help		
eport Type		
	Report Hanager - Version 5.1.1 - Build 20180504:064516	×
	NYS Department of Health Universal Data Collection System	Report Manager
	Report	Year Period
	Select A Report	• • •
	Add Downloaded Reports	Giam Galacted Stagort

3. Locate and select this year's annual report that you downloaded earlier.

Load Report File						
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Downloads  Documents Jen's Data HCBS_Inbox QRMS Home Care HERDS	* * * * *	Name V Today (1) HCS_REPORTS_2021-Annual_2022110912 Earlier this year (5) A long time ago (3)	Status	Date modified	Type Compressed (zipp	Size 407 KE
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OneDrive - New York Star	te Offi 🗸					
File nam	e: HCS_F	REPORTS_2021-Annual_20221109121423			Report File Open	Cancel

# Running the Application for the First Time, continued...

4. Click the down arrow at the end of the **Select a Report...** drop down menu and click on either the **LHCSA Statistical Report** menu item, or the ALP LHCSA Statistical Report item. Then select the correct year for the report. This will load the report into the UDCS Report manager.

Report N	Manager - Version 5.5.3 - Build 20	0190826:101306					×
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Report		Inversal Data Colle	ction system			Vear	Period
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5. Make sure that the correct report is selected and click the **Open Selected Report** button – the Start Report dialog will display.

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File Help			
Report Type		· · · · · · · · · · · · · · · · · · ·	
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	NYS Department of Health Universal Data Collection System	Report Manager	
	Report	Year Period	
	Select A Report	• · · ·	
	Select A Report		
	LHCSA Statistical Report		
	Add Downloaded Reports Open External Report	Open Selected Report	

Running the Application for the First Time, continued...

6. Click the Start New Report button.

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File Help		
Report Type 📃 👻		
<	LHCSA STATISTICAL REPORT (LHCSA)	
	Start Report     Start       Open     Start       Existing     Report       Details     Cancel       Worksheets Open     Calculations   Text Transfers   Validation Result	Submission Output

# Running the Application for the First Time, continued...

7. Click the **OK** button on the **Select Report** Type dialog – the **Configure Report Organization** dialog will display. Select your LHCSA from the **Organization** dropdown menu.

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File Help		
Report Type		
	LHCSA STATISTICAL REPORT (LHCSA)	
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	Organization HCBS Test Org Name - 2	
	HCBS Test Org Name - 1 Region HCBS Test Org Name - 2	
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	Report Duration 01/01/2021 - 12/31/2021	
	Ok Cancel	
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8. Select **Statewide** from the **Region** dropdown menu click the **OK** button.

🚡 Universal Data Collection System - Version 5.1.1 - Build 201	80504:084516		_D×
File Help			
Report Type 📃 🔹	7 & II 🗅 🔒		
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Running the Application for the First Time, continued...

9. Click the **OK** button on the **Save Report Configuration** dialog.

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File Help			
Report Type - 🔗		· X 5 7 60 21 Q	
< LHCS/	A STATISTICAL REPORT (LHCSA)		
Save Report Configurati	8	×	
Organization Name	HCBS TEST ORG NAME - 2		
Region	STATEWIDE		
Report Types	LHCSA		
Submission Period	ANNUAL (A00-ANNUAL)		
Report Duration	01/01/2021 - 12/31/2021		
File Name	LHCSA_HCBS_TEST_ORG_NAME2_STATEWIDE_2021 A00.PNP		
Location	C:\PROGRAMDATA\UDCS\REPORT\LHCSA\		
		Ok Cancel	*
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	Calculations   Text transfers   Validation Results   Sub	mission output	-
			24

10. The Universal Data Collection System Shell will start loading the selected report.



Running the Application for the First Time, continued...

11. The **Control Data Validation Message** dialog will display; click the **Yes** button.

🗧 Universa	I Data Collection System - Version 5.1.	1 - Build 20180506-084516 - (LSR1AGENCY)	١×
👻 File	Edit View Configure A	ction Notes Windows Search Help - 6	×
Report Typ	SHOW ALL WORKSHEETS	- 🐼 🧟 🔲 🛅 🔚 🔛 VALIDATE CURRENT WORKSHEET 🛛 🔀 🗔 🤝 🚱 🔊 🖄 🔍 🔍	
		LHCSA STATISTICAL REPORT (LHCSA) : HCBS TEST ORG NAME - 2 : STATEWIDE : 2017 : A00	
Type	Worksheets (13)	LSR1 Agency Contact Information Form	
LHCSA	LSR1 Agency Contact Information	Form	
LHCSA	LSR2 Patient Form		
LHCSA	LSR3 and LSR4 Revenue Form	Baseled Edde for Control Data Core are not filled	
LHCSA	LSR5 Cost Form	Please fill out the values in appropriate required fields on Control Data Form.	
LHCSA	LSR6 Staff and Wages Form	Do you want to open Control Data Form now?	
LHCSA	LSR7.1 Services By County-Albany		
LHCSA	LSR7.2 Services By County-Hamilt	Yes No View Details	
LHCSA	LSR7.3 Services By County-Rensse		
LHCSA	LSR7.4 Wellcare Services		
LHCSA	LSR8 Contract Form	State 0005	
LHCSA	LSR9WFA Workforce Form A	Anancy Phone Number 0007	
LHCSA	LSRAWFB Workforce Form B	Contact Decon Namo	*
LHCSA	LSK9WFC Workforce Form C	Footnotes	
			101
		Details	•
		Westwarts Ones Columbrian Test Tenneter   Williams Benetic   Columbrian Column	
		Workshees Open Calculations Text Transfers Validation Kesuits Submission Output	_
		LSR1 Agency Contact Information Form Close	e
			.4

12. Fill out the General Information data and Click the Validate button.

🚡 Univers	al Data Co	ollection System - Version 5.1.1 - Build 20180504	:084516 - [LSR]	AGENCY]			<u>_   ×</u>
🖳 File	Edit	View Configure Action Notes	Windows	Search	Help	7	- 8 ×
Report Ty	pe SHC		_			'E Q	
		Report Control Data Form					
Туре	Wor	Configuration Information			•	1	
LHCSA	LSR1 /	Configuration Information					
LHCSA	LSR2 I		Class Code	Line Number			
LHCSA	LSR3 (	Submission Type -	0	1005			
LHCSA	LSR6 1	Submission Type .		2005			
LHCSA	LSR7.:	Submission Year :	0	1010	2017		
LHCSA	LSR7.	Submission Period :	0	1011	A00		
LHCSA	LSR7.4	DCN :	0	1004			
LHCSA	LSR8 (	Cubmittee ID -		1000	120021224		
LHCSA	LSR9V	Submitter ID :	U	1000	120021234		
LHCSA	LSR9V	Region ID :	0	1003	1.		-
		Region Name :	0	1002	STATEWIDE		*
		Name of Organization :	0	10	HCBS TEST ORG NAME - 2		<b>V</b>
		Begin Date :	0	34	01/01/2017		
		End Date :	0	35	12/31/2017 👻		Close
		Contacts				4	
					Validate Save Consel		
							.::

- 13. If the data validates, click the **Save** button.
- 14. Start entering data into the LHCSA Statistical Report or the ALP\_LHCSA Statistical Report.

#### Running the application after the first time

- 1. Click on the Launch Report manager desktop icon.
- 2. The UDCS Select a Report dialog will display.
- 3. Click on the down arrow at the end of the **Select A Report...** drop down menu.
- 4. Select the LJHCSA Statistical Report menu item.
- 5. Click on the **Open Selected Report** button The **Start Report** dialog will display.
- 6. Click on the **Open Existing Report** button.
- 7. When **File Explorer** opens, select the report created when the application was initially started and open it.
- 8. The Universal Data Collection System Shell will start loading the selected report.
- 9. If you have not yet entered the Configuration Information data
  - a. the Control Data Validation Message dialog will display; click on the Yes button
  - b. File out the **Configuration Information** data
  - c. Click on the Validate button.
  - d. If the data validates, click on the **Save** button.
- 10. Continue entering data into the LHCSA Annual Statistical Report

#### Submitting the Finalized Statistical Report

- 1. Login to the HCS.
- 2. Click on Healthcare Financial Data Gateway in My Applications. This will take you to the Healthcare Financial Data Gateway main page.

Healthcare Financial Data Gateway				Welcome		
New York S	tate Departmen	t of Health	Hom	ie I Contact I Requ	lest Access I Help	
Home	Software	Submissions	Publications	Reports	Administration	
Welcome to t	he Healthcare	e Financial Data Gat	eway			
The navigation bar	above contains se	electable tabs for each funct	tional area of the application	n and is used to navigate	throughout the application.	
Please read the de	scriptions of these	areas below:				
Software:	The "Software" selected for dov	tab is used to download th vnload will be saved as a zig	e Cost Report Software, M p file.	latrix Reports and suppo	rting documentation. Items	
Submissions:	The "Submissio	ons" tab can be used to do a	ny of the following.			
	<ul><li>Submit y</li><li>View the</li><li>Certify a</li></ul>	our Completed and Finalize Details of Submissions nd Print Submitted Cost Re	ed Cost Report port			
Publications:	The "Publication directly related t	ns" tab is used to downloa to the distribution of the Cos	ad additional information d st Report software.	listributed by the Depart	ment of Health that is not	
Reports:	The "Reports" t Reports.	tab is used to view and ex	port (to Excel) a history o	f Submission and Certif	ication details for the Cost	
Administration	: The "Administra	ation" tab can be used to do	any of the following.			
	<ul> <li>Grant pe</li> <li>Manage</li> <li>Manage</li> <li>Set Subr</li> <li>Upload S</li> </ul>	ermissions to the application Certifications Roles mission Cut Off Dates Software, Reports and Supp	s, with or without email not orting Documentation	ifications		

3. Click the **Submissions** tab – the **Submissions** page will display.



Submitting the Finalized Statistical Report continued...

4. Select LHCSA or ALP\_LHCSA as the Submission Type and your organization from the Organization list and then click the Search button. The Submission page will be expanded.

			aceway	Welcome John	P Huffaker	
New Yo	rk State Department of	Health		Home I C	ontact   Requ	est Access I Help
Home	Software	Submissions	Publicati	ons	Reports	Administration
BMISSIONS						
elect Cost Repor	t And Organization					
ubmission Type:	LHCSA	Organizatio	n: 00 Test LHCSA (00	0000LC)		Search
ew Submission						
Email: john.t	uffaker@health.nv.gov (U	odate email address)	Refresh Email			
Upload File: Bro	wse No file selected.					
Submit						
	v					
ubmission Histor						
ubmission Histor Submission Period	Report Period	: 2017-Annual				
ubmission Histor Submission Period	Report Period Region	: 2017-Annual DCN	Submit Date	Submitter	Status	
ubmission Histor Submission Period E- Year / Period E- 2017 — Annual	Report Period Region Statewide	2017-Annual DCN 08202018113309	Submit Date 08-20-2018 12:47:21	Submitter John P Huffaker	<b>Status</b> Failure	Detail
ubmission Histor Submission Period Year / Period 2017 <u>Annual</u>	Report Period Region Statewide Statewide	: 2017-Annual DCN 08202018113309 08202018113309	Submit Date 08-20-2018 12:47:21 08-20-2018 11:34:30	Submitter John P Huffaker John P Huffaker	Status Failure Success	Detail Detail Download

- 5. Click the **Browse** button to display a dialog box that allows you to locate your finalized LHCSA Statistical Report. It will have a .pnp file extension.
- 6. Once you have selected the file to submit, click the **Submit** button.
- 7. The **Submission History** section of the **Submission** page will be updated to reflect the status of the submission.
- 8. A confirming email message will be sent to the email address listed in the **New Submission** section of the **Submission** page.

#### Licensed Home Care Services Agency Statistical Report and Registration Forms on Universal Data Collection System (UDCS) Instructions

Please see Attachment A at the end of this document – it contains descriptions to all items on the tool bars located on the top of the Report Manager worksheets.

#### **General Information:**

- Enter information in the blank white fields. All other fields (pink, lavender, and brown) are read-only fields. You can leave white fields blank if you have nothing to report you do not have to enter zeros.
- A few fields are required. If they are left blank, you will not be able to submit the report. The field header will indicate that the field is required.
- Some fields require a Yes or No answer. You must double click on the blank field and choose Yes or No from the box.
- Some forms have validation edits to ensure accurate information is collected. The validation edits are described in these instructions.

Note: This documentation has been updated from previous versions. Images may be from previous report years. Dates in the text have been updated for the current report year (2023).

## To Begin:

Once you have downloaded the Report Manager software and report shell (see the separate downloading instruction document):

• To start a new report, click on the Start New Report icon or to resume working on a previously saved report click on the Open Existing Report icon.



Once you have started a new report or opened an existing report, a box will pop up which is the Configure Report Organization. In this box, you will select your organizations name from the drop-down box in the organization line. If your organization is not listed in the drop-down click on the box that states Organization Not found In List for further instruction. In region section you will have to select statewide. Then click OK.

Configure Report Organiz	ation	×
Organization		2
Region	· · · · · · · · · · · · · · · · · · ·	-
Submission Period	Annual	
Report Duration	01/01/2021 - 12/31/2021	
	Organization Not Found In List OK Cancel	

You will then see a report configuration box. Click the Next tab in the bottom right corner.

🕷 Report Configuration	×
Report Types	
Select LHCSA.	
Class Code Line Number 999810002 1 VLHCSA - LHCSA	
Cancel	Next >

A second report configuration box then appears with the title CheckBox List Panel. This is where you will select the counties that your agency serves. For example, if you have served patients for this reporting year in only three counties you would <u>ONLY</u> pick those three counties in this county list. Once you have done so, click the Next tab at the bottom right corner.

🖳 Report Configura	ation		×
CheckBox Li	st Panel		
Select the Coun	ties for which you	u are reporting.	
Class Code	Line Number		^
999820000	1	OI - ALBANY	
999820000	2	02 - ALLEGANY	
999820000	3	03 - BROOME	
999820000	4	04 - CATTARAGUS	
999820000	5	05 - CAYUGA	
999820000	6		
999820000	7	07 - CHEMUNG	
999820000	8	08 - CHENANGO	
999820000	9		
999820000	10	10 - COLUMBIA	
999820000	11	11 - CORTLAND	
999820000	12	12 - DELAWARE	
999820000	13	13 - DUTCHESS	
999820000	14	14 - ERIE	
999820000	15	15 - ESSEX	
999820000	16	16 - FRANKLIN	~
Cancel			ck Next >
Cancer		< Ва	CK NEXL >

A third report configuration box will appear once you have completed selecting your counties of service. Click Finish in the bottom right-hand corner.

negative Report Configuration	×
Report Configuration Complete	
Click <finish> to complete the report configuration, or Click <back> to review your answers.</back></finish>	
You have finished Report Configuration.	
Cancel	< Back Finish

Important Note: After you have clicked finish, if you need to make a revision to the counties that you have selected this can be done by selecting "Configure" and "Report Configuration" from the top tool bar. After you have made the revision, you will be prompted to replace your current .pnp file with the revised file. Click yes to replace the current file.



#### **General Information Form**

The General Information Form is part of the Report Manager Software and collects information about your organization that not only identifies you but enables the submission and certification of your report as well as the successful transfer of your data to a data repository.

When you open the report, you will receive a pop-up box that requests that you fill in the General Information Form. You must fill in the General Information Form prior to submitting the report.

💀 General Information Valio	lation Message				-		×
Required field Please fill out Do you want t	s for General I the values in a o open Genera	nformati appropria al Inform	on Form are not ite required field ation Form now?	filled. Is on General Inform	ation Form	n.	
	Yes		No	View Details	]		
Report General Information Form			4			- 0	×
General Information Form							
<b>Configuration Information</b>							î
Configuration Information							
	Class Code	Line Number					
Submission Type :	0	1005	LHCSA				
Submission Year :	0	1010	2021				
Submission Period :	0	1011	A00				
DCN :	0	1004					
Submitter ID :	0	1000	120011234				- 1
Region ID :	0	1003	1				
Region Name :	0	1002	STATEWIDE				
Name of Organization :	0	10	HCBS TEST ORG NAM	E - 1 (120011234)			
Begin Date :	0	34	12/02/2021 ~				

Contact Person		
	Class Code	Line Number
Name :	54000	3
Title :	54000	4
Telephone Number :	54000	5
Fax Number :	54000	6
E-mail Address :	54000	7
A d due		
Addresses		
Mailing Address	Class Code	Line Number
	class courc	
Street Address :	54000	11
Street Address : City :	54000 54000	11 12
Street Address : City : State :	54000 54000 54000	11 12 13
Street Address : City : State : Zip Code :	54000 54000 54000 54000	11 12 13 14
Street Address : City : State : Zip Code :	54000 54000 54000 54000	11       12       13       14

The General Information Form information section will be filled in for you. You only need to fill in the Contact Person and Address sections.

## Form LSR1 – Agency Form

Form LSR1 - Agency Form collects agency location, contact information and other information.

ISP1 Aronay Contact Information Form		
Desert Tree - LUCCA		
Report Type : LHCSA		
I CP1 Agangy Information Form		
	10001	10002
10000	10001	10002
Agency and Contact Information		Contact Information (Pequired)
License Number	0001	contact mormation (Required)
National Provider Identification Number	0002	
Eederal Employer Identification Number (EEIN)	0026	
Agency Name	0003	
Street Address	0004	
City	0005	
State	0006	
7in	0007	
Agency Phone Number	0008	
Contact Person Name	0009	
Contact Person Email	0010	
ALP Information		
There are two options for LHCSAs that serve patients in an Assisted Living Program (ALP):	0011	
- If the ALP LHCSA serves patients in the community as well as ALP Patients, they must complete this report AND the ALP LHCSA Statistical Report	0012	
If the ALP LHCSA EXCLUSIVELY serves ALP patients, DO NOT complete this report     only complete the ALP LHCSA Statistical Report	0013	
Agency Information		Yes/No
		(Double click the boxes below to see the Yes or No
		choices)
Is this Agency an ALP LHCSA that also serves patients in the community?	0025	
Did this Agency serve patients during the report year?	0016	
Does this Agency operate a Home Health Aide Training Program?	0018	
Does this Agency operate a Personal Care Aide Training Program?	0019	
Does this Agency serve waiver program (NHTD or TBI) patients?	0020	
Are there any employees of this Agency that are represented by a collective bargaining agreement?	0021	
Fis for CDPAP		Yes/No
Is this Agency a Fiscal Intermediary (FI) for the Consumer Directed Personal Assistance Program (CDPAP)?	0022	
If yes, is this Agency EXCLUSIVELY a FI for CDPAP?	0023	
OR is this Agency's FI a separate line of business from your Home Care line of business?	0024	

## Agency and Contact Information Section

All fields in this section, except for NPI number, are **required fields**. You will not be able to submit the statistical report if this information is not filled in.

# Important Note for ALP LHCSAs -

# The ALP LHCSA Statistical Report will be posted on the UDCS Platform this year and will include the DOH Registration form.

If your LHCSA serves patients in an Assisted Living Program (ALP) there are two options:

- If your LHCSA serves patients in the community as well as ALP patients, you must submit both the Annual LHCSA Statistical Report regarding your community patients and the Annual ALP LHCSA Statistical Report regarding your ALP patients.
- If your LHCSA EXCLUSIVELY serves patients in an ALP program, you only need to submit the Annual ALP LHCSA Statistical Report – you do not need to submit any part of the annual LHCSA Statistical Report.

#### Agency Information and FIs for CDPAP Sections

The fields in these sections require yes or no responses. You must double click on the blank space and the box with the choices will appear.

🖷 YESNO				×
Search				
Name				
Yes				
No				
Current va { <b>no value</b>	alue for cell [] has been assigned}		Ok	Cancel

Validation Edit – Your answer to the question "Did this agency serve patients during the report year?" on row 16 of form LSR1 must match your answer to the question "Did this LHCSA provide patient care services during the last year?" on row 4 of form LSR10.

## Form LSR2 – Patient Form

Form LSR2 - Patient Form collects patient demographic information, including discharges and referrals.

LSR2 Patient Form				
Keport Type : LHCSA		1	1	
ISR2 Patient Form		Patients/LOS	Referred From	Discharged To
20000	20001	20002	20003	20004
Patients		Patients		
Census on December 31 of the Report Year	0001			
Total Cases	0002			
Unduplicated Patient Count	0003			
Total Unduplicated Patient Count from Services by				
County Forms - LSR7	0999			
Length of Stay		Length of Stay		
Number of Discharged cases with:				
1-60 Days of Stay	0004			
61-120 Days of Stay	0005			
121 + Days of Stay	0006			
TOTAL	0010			
B ( ) 1 1 B 1				
Referrals and Discharges			Referred From	Discharged To
Number of Cases Referred from or Discharged to:			Referred From	Discharged To
Number of Cases Referred from or Discharged to: Hospitals	0012		Referred From	Discharged To
Number of Cases Referred from or Discharged to: Hospitals Physicians	0012 0013		Referred From	Discharged To
Number of Cases Referred from or Discharged to: Hospitals Physicians Self/Family/Friends	0012 0013 0014		Referred From	Discharged To
Number of Cases Referred from or Discharged to: Hospitals Physicians Self/Family/Friends Nursing Homes	0012 0013 0014 0015		Referred From	Discharged To
Number of Cases Referred from or Discharged to: Hospitals Physicians Self/Family/Friends Nursing Homes CHHAs	0012 0013 0014 0015 0016		Referred From	Discharged To
Referrals and Discharges           Number of Cases Referred from or Discharged to:           Hospitals           Physicians           Self/Family/Friends           Nursing Homes           CHHAs           LTHHCPs	0012 0013 0014 0015 0016 0017		Referred From	Discharged To
Number of Cases Referred from or Discharged to:         Hospitals         Physicians         Self/Family/Friends         Nursing Homes         CHHAs         LTHHCPs         LHCSAs	0012 0013 0014 0015 0016 0017 0018		Referred From	Discharged To
Number of Cases Referred from or Discharged to:         Hospitals         Physicians         Self/Family/Friends         Nursing Homes         CHHAs         LTHHCPs         LHCSAs         Hospices	0012 0013 0014 0015 0016 0017 0018 0019		Referred From	Discharged To
Referrals and Discharges         Number of Cases Referred from or Discharged to:         Hospitals         Physicians         Self/Family/Friends         Nursing Homes         CHHAs         LTHHCPs         LHCSAs         Hospices         Adult Care Facilities	0012 0013 0014 0015 0016 0017 0018 0019 0020		Referred From	Discharged To
Number of Cases Referred from or Discharged to:         Hospitals         Physicians         Self/Family/Friends         Nursing Homes         CHHAs         LTHHCPs         LHCSAs         Hospices         Adult Care Facilities         CASA/Local Social Services District	0012 0013 0014 0015 0016 0017 0018 0019 0020 0021		Referred From	Discharged To
Number of Cases Referred from or Discharged to:         Hospitals         Physicians         Self/Family/Friends         Nursing Homes         CHHAs         LTHHCPs         LHCSAs         Hospices         Adult Care Facilities         CASA/Local Social Services District	0012 0013 0014 0015 0016 0017 0018 0019 0020 0021 0022		Referred From	Discharged To
Number of Cases Referred from or Discharged to:         Hospitals         Physicians         Self/Family/Friends         Nursing Homes         CHHAs         LTHHCPs         LHCSAs         Hospices         Adult Care Facilities         CASA/Local Social Services District         MLTC/MCOs         Local Health Department	0012 0013 0014 0015 0016 0017 0018 0019 0020 0021 0022 0023		Referred From	Discharged To
Referrals and Discharges           Number of Cases Referred from or Discharged to:           Hospitals           Physicians           Self/Family/Friends           Nursing Homes           CHHAs           LTHHCPs           LHCSAs           Hospices           Adult Care Facilities           CASA/Local Social Services District           MLTC/MCOs           Local Health Department           Adult Protective Services	0012 0013 0014 0015 0016 0017 0018 0019 0020 0021 0022 0023 0024		Referred From	Discharged To
Referrals and Discnarges         Number of Cases Referred from or Discharged to:         Hospitals         Physicians         Self/Family/Friends         Nursing Homes         CHHAs         LTHHCPs         LHCSAs         Hospices         Adult Care Facilities         CASA/Local Social Services District         MLTC/MCOs         Local Health Department         Adult Protective Services	0012 0013 0014 0015 0016 0017 0018 0019 0020 0021 0022 0023 0024 0025		Referred From	Discharged To
Referrals and Discnarges         Number of Cases Referred from or Discharged to:         Hospitals         Physicians         Self/Family/Friends         Nursing Homes         CHHAs         LTHHCPs         LHCSAs         Hospices         Adult Care Facilities         CASA/Local Social Services District         MLTC/MCOs         Local Health Department         Adult Protective Services         Death         Other	0012 0013 0014 0015 0016 0017 0018 0019 0020 0021 0022 0023 0024 0025 0026		Referred From	Discharged To
Referrals and Discnarges         Number of Cases Referred from or Discharged to:         Hospitals         Physicians         Self/Family/Friends         Nursing Homes         CHHAs         LTHHCPs         LTCSAs         Hospices         Adult Care Facilities         CASA/Local Social Services District         MLTC/MCOs         Local Health Department         Adult Protective Services         Death         Other	0012 0013 0014 0015 0016 0017 0018 0019 0020 0021 0022 0023 0024 0025 0026 0027		Referred From	Discharged To

Some of the totals on this form are automatically calculated – they are the lavender fields.

# **Patients Section**

Send questions to hcstatrpts@health.ny.gov

Enter information for **Patient Census**. Enter the patient census as of December 31 of the report year. Patient Census means the actual number of individual patients receiving services on December 31 of the report year (12/31/23 for the 2023 report year).

Next, enter the total number of cases in the **Total Cases** field. A case is an episode of care with a start date (admission) and an end date (discharge). Multiple types of service may be provided during an episode of care. For an episode of care to count as a case for this report the admission date must be in this reporting year or prior year(s), and the discharge date must be in this reporting year, or the patient must still be receiving services at the end of the reporting year. A patient who has been seen only to be assessed for personal care services should not be counted as a case, and these visits should not be reported.

A patient sometimes represents more than one case. However, DO NOT count a patient as a new case if any of the following conditions apply:

- The patient's age category was changed during the report year.
- The patient was discharged to a hospital or RHCF and readmitted to the agency within 30 days with the same illness or diagnosis. In this instance the discharge should not be counted.
- The patient was admitted with an unspecified diagnosis and a definite diagnosis was subsequently established.

Validation Edit - The number of cases entered on row 2 of LSR2 must match the total of the "Referred From" column on row 30 of LSR2.

Enter the **Unduplicated Patient Count** in the next field. This is the total number of discrete individual patients that your agency has served in the year, regardless of the number of admissions and discharges that patient may have had. A patient is only counted once regardless of the number of cases they represent.

To recap, if a patient is receiving care on 12/31/2023 they will be included in the patient census count. If they had two admissions during the year, they would count as two cases but as only one unduplicated patient.

Validation Edit - The unduplicated patient count entered on row 3 of LSR2 must match the total of the unduplicated patients reported on forms LSR7 – Services by County Form. This total is displayed on row 999 in the first section of LSR2 – Patient Form.

## Length of Stay Section

Length of Stay (LOS) information is entered in the next section. LOS is calculated for each episode of care or case. Length of stay should be calculated from the date the patient was initially admitted for an episode of care, regardless of the year of admission, to the date they were discharged. For example, if a patient was admitted on 12/30/2022 and discharged on 1/10/2023 her LOS is 12 days. Count the 2 days in 2022 and the 10 days in 2023 to arrive at a 12-day LOS. Patients that were discharged to a hospital or RHCF and readmitted to the agency within 30 days with the same illness or diagnosis should NOT be counted in the length of stay section.

Validation Edit - The total number of discharges calculated from the LOS entries on row 10 of LSR2 must match the total number of discharges calculated from the "Discharged To" section on row 30 of LSR2.

#### **Referrals and Discharges Section**

The next section collects patient referral and discharge information. In the "Referred From" column enter the number of cases served by your agency that have been referred from each of the designated sources regardless of their start of service date. This means that if you are serving a case in 2023 that was referred to your agency in 2022, that case should be counted. Patients that were discharged to a hospital or RHCF and

readmitted to the agency within 30 days with the same illness or diagnosis should not be counted in the discharge section.

In the "Discharged To" column enter the number of cases discharged during the reporting year to specific destinations.

## Form LSR3 and LSR4 – Revenue Form

Form LSR3 and LSR4 – Revenue Form has two sections.

**LSR3 – Contract Revenue Form** collects information about revenue received from contracts with other agencies to perform services for their patients or provide equipment to their patients.

**LSR4 – Direct Revenue Form** collects data on revenue from services provided to patients directly served by your agency (i.e. services are not provided on behalf of another agency). Direct services may include private pay, commercial insurance, and worker's compensation cases.

LSR3 and LSR4 Revenue Form				
Report Type : LHCSA				
LSR3 and LSR4 Revenue Form		Visits	Hours	Gross Revenue
34000	34001	34002	34003	34004
LSR3 - Contracted Services		Yes/No		
Did your Agency perform services, or provide equipment to patients during the report year?	9999			
Enter the number of contracted visits or hours and revenue for each service:		Visits	Hours	Gross Revenue
Nursing Services	0001			
Private Duty Nursing Services	0002			
Community Health Work Services	0003			
Medical Social Work Services	0004			
Case Management/Care Management Services	0005			
Audiology, Nutrition, and Therapy Services	0007			
Home Health Aide Services	8000			
Personal Care Aide Services	0009			
Homemaker and Housekeeper Services	0010			
IV Infusion Therapy Services	0011			
HHA Training Program	0012			
PCA Training Program	0013			
Waiver Services	0014			
Telehealth Monitoring	0015			
Assistive Technology	0016			
Durable Medical Equipment	0017			
Other Services	0018			
TOTAL	0020			

LSR4 - Direct Services				
Enter the number of direct visits or hours and revenue for each service:		Visits	Hours	Gross Revenue
Nursing Services	0021			
Private Duty Nursing Services	0022			
Community Health Work Services	0023			
Medical Social Work Services	0024			
Case Management/Care Management Services	0025			
Audiology, Nutrition, and Therapy Services	0027			
Home Health Aide	0028			
Personal Care Aide	0029			
Homemaker and Housekeeper Services	0030			
IV Infusion Therapy Services	0031			
HHA Training Program	0032			
PCA Training Program	0033			
Waiver Services	0034			
Telehealth Monitoring	0035			
Assistive Technology	0036			
Durable Medical Equipment	0037			
Other Services	0038			
TOTAL	0040			

Some of the totals on this form are automatically calculated – they are the lavender fields.

Please note that data on **Nursing Services** is collected as visits, instead of hours. If your agency records Nursing Services in hours, please count 2.5 hours as 1 visit.

## **Contracted Services Section**

Begin by answering the **Perform Services Question** - If your agency DID NOT perform services for, or provide equipment to, the patients of other agencies under contract during the report year, answer the first question "no" and move down to the Direct Services section of the form. You may leave the columns blank and do not need to enter 0s in these columns.

If your agency DID perform services for or provide equipment to the patients of other agencies under contract, enter "yes" for the first question. Enter the number of contract hours and revenue by the type of service if you have contracted with another agency, usually a CHHA or an MLTC plan, to provide service on their behalf.

## **Direct Services Section**

Enter the number of hours and revenue by the type of service.

If your agency did not provide any services directly to any patients, leave the columns blank (you do not have to enter 0s).

For both the Contracted Services and the Direct Services - the **Gross Revenue** is the total revenue received for the services or equipment provided before any deductions or allowances.

Validation Edit – If there is an entry made in the hours or visits column, there must be a corresponding entry made in the gross revenue column.

## LSR5 – Cost Form

**LSR5 – Cost Form** - collects data on costs for providing services to patients. Costs are divided into direct and indirect costs.

**Direct costs** are costs that are clearly associated with the provision of home care patient services. Examples of direct costs are staff wages, transportation costs, consumable supplies such as gloves and masks, and the cost of providing in-service training to aides.

LSR5 Cost Form Report Type : LHCSA		
LSR5 Cost Form		Cost
50000	50001	50002
Direct Costs - Include Wages		
Enter the Costs related to the delivery of each		<b>6</b>
service type:		Cost
Nursing Services	0001	
Private Duty Nursing Services	0002	
Community Health Work Services	0003	
Medical Social Work Services	0004	
Case Management/Care Management Services	0005	
Audiology, Nutrition, and Therapy Services	0007	
Home Health Aide Services	8000	
Personal Care Aide Services	0009	
Homemaker and Housekeeper Services	0010	
IV Infusion Therapy Services	0011	
HHA Training Program	0012	
PCA Training Program	0013	
Waiver Services	0014	
Telehealth Monitoring	0015	
Assistive Technology	0016	
Durable Medical Equipment	0017	
Other Services	0018	
TOTAL DIRECT COSTS	0020	

**Indirect costs** are fringe benefits and payroll taxes as well as costs for activities and materials that are used by the entire agency.

The indirect costs are broken out by fringe benefits and other indirect costs, such as administrative and general costs, capital and related costs, and other operating costs.

• Administrative and General costs are expenses for activities and materials that are used to administer your business. Examples are rent, utilities, and office supplies.

• Capital and Related costs are onetime costs for construction, major repairs to real estate owned by the agency, etc.

Indirect Costs		
Fringe Benefits and Payroll Taxes:		Cost
Social Security	0021	
Insurance - Life/Health	0022	
Pension and Retirement	0023	
Workers Compensation	0024	
Unemployment Insurance	0025	
Disability Insurance	0026	
Supplemental Wages	0027	
Employee Physicals	0028	
Other	0029	
Other Indirect Costs		Cost
Administrative and General Costs	0030	
Capital and Related Costs	0031	
Other Operating Costs	0032	
TOTAL INDIRECT COSTS	0040	
TOTAL DIRECT + INDIRECT COSTS	0050	

Some of the totals on this form are automatically calculated – they are the lavender fields.

#### LSR6 – Staff and Wages Form

**LSR6 – Staff and Wages Form** - collects information by staff type for full time and hourly staff at two different dates during the reporting year and the total number of W2s issued, hours worked, wages, and fringe benefits.

100000000000000000000000000000000000000													
LSR6 Staff and Wages Form													
Report Type : LHCSA													
					1		1	-				-	
LSR6 Staff and Wages Form		Count of Full Time Staff on Apr 1	Count of Hourly Staff on Apr 1	Count of Full Time Staff on Oct 1	Count of Hourly Staff on Oct 1	Count of W2s issued	Total Hours for the Year	Total Wages for the Year	Total Fringe Benefits	Wages + Fringes (Calculated)	Average Hourly Rate (Calculated)	Lowest Hourly Rate Paid for each Staff Type	Highest Hourly Rate Paid for each Staff Type
60000	60001	60002	60003	60004	60005	60008	60006	60007	60009	600010	600011	600012	600013
Enter the information for each of the													
following staff types:													
Administrators	0001												
Other Administrative Staff	0002												
Nursing Supervisors	0003												
RNs	0004												
LPNs	0005												
Private Duty Nurses	0006												
Community Health Workers	0007												
Medical Social Workers	8000												
Case Managers/Care Managers	0009												
Audiologists, Nutritionists, and Therapists	0011												
Home Health Aides	0012												
Personal Care Aides	0013												
Homemakers and Housekeepers	0014												
Other Staff	0015												
TOTAL	0020												

Some of the totals on this form are automatically calculated – they are the lavender fields.

Enter the number of full-time and hourly staff at your agency on April 1 and October 1 of the reporting year. The current definition of a full-time staff is someone who works an average of 30 or more hours a week and 130 hours or more per month.

Validation Edit – the number of HHAs entered in each of the 4 first columns must not exceed 17,000.

Validation Edit – the number of PCAs entered in each of the 4 first columns must not exceed 17,000.

Enter the number of W2s issued during the year for each staff type.

Validation Edit – the total number of W2s must not exceed 25,000.

Enter the total hours worked, total wages paid, and total fringe benefits paid for each staff type. The amount of wages plus fringe benefits will be calculated in the first lavender column. The second lavender column will divide the total wages (not including fringe benefits) by the total number of hours to calculate an average hourly wage. In the next two columns, enter the lowest hourly rate paid and the highest hourly rate paid for each staff type.

## LSR7– Services by County Form

**LSR7 – Services by County Form** - collects data on services provided by county. There is a sheet for each county that you chose when you started the report. The LSR7 worksheets were put at the end of the list of worksheets on the left-hand side of the screen.

LSR7 Albany - Services By County		Unduplicated	Under Age 21	Visits/Hours Und	Age 21-64	Visits/Hours Age	Age 65+	Hours 65+	Nurse Family P	Nurse Family P
70000	70001	70002	70003	70004	70005	70006	70013	70014	70011	70012
Albany County			Unduplicated Pa		Unduplicated Pa		Unduplicated			
Unduplicated Patient Count	01001									
Number of new admissions during the reporting year	01002									
Enter Cases, Visits, and Hours for each service type			Cases Under 21	Visits Under 21	Cases 21-64	Visits 21-64	Cases 65+	Visits 65+	Cases NFP	Visits NFP
Nursing Services	01003									
			Cases Under 21	Hours Under 21	Cases 21-64	Hours 21-64	Cases 65+	Hours 65+	Total Cases	Total Hours
Private Duty Nursing Services	01004									
Community Health Work Services	01005									
Medical Social Work Services	01006									
Case Management/Care Management Services	01007									
Audiology, Nutrition, and Therapy Services	01009									
Home Health Aide Services	01010									
Personal Care Aide Services	01011									
Homemaker and Housekeeper Services	01012									
IV Infusion Therapy Services	01013									
Waiver Services	01014									
Telehealth Monitoring	01015									
Assistive Technology	01016									
Dubable Medical Equipment	01017									
Other	01018		-							
Total Cases - Includes Nursing Services (Calculated)	01040									

Some of the totals on this form are automatically calculated – they are the lavender fields.

For each County that your agency provides services:

Enter the number of unduplicated patients in each of the age cohorts:

- Under age 21
- Age 21-64
- Age 65+

These amounts are automatically calculated in the lavender field in the first column.

Enter the number of new admissions during the report year.

Validation Edit - The amount entered as new admissions must be less than or equal to the unduplicated patient count.

An **unduplicated patient** is an individual who has received at least one episode of care and may have received more than one. Regardless of the number of episodes in the reporting year, the individual is only counted once. We are asking for the unduplicated patient count to be broken out in cohorts of age groups. Please count the age of the patient at the first episode of service (if service was initiated during the report year), or if the patient started service in a prior year count their age at the beginning of the year.

**New admissions** are patients that have been admitted to the agency during the reporting year. Patients that were admitted at a previous time during the report year (or in prior years) and discharged and were admitted again during the report year should count as a new admission at the time of admission, with the following exceptions:

DO NOT count a patient as a new admission if any of the following conditions apply:

• The patient's age category was changed during the report year.

Send questions to hcstatrpts@health.ny.gov

- The patient was discharged to a hospital or RHCF and readmitted to the agency within 30 days with the same illness or diagnosis. In this instance the discharge should not be counted.
- The patient was admitted with an unspecified diagnosis and a definite diagnosis was subsequently established.

**Nursing services** captures data about nursing services provided to patients in the selected county. The data is then broken out by **cases and visits** and age category. If your agency records Nursing Services in hours, please count 2.5 hours as 1 visit. In addition, if your agency is part of the Nurse Family Partnership – the number of nursing service **cases and visits** should be recorded in the selected county. The **Nurse Family Partnership** is a program in which nurse home visitors work with low-income young women who are pregnant with their first child, helping these vulnerable young clients achieve healthier pregnancies and births, stronger child development, and a path toward economic self-sufficiency.

**All other services** provided to patients in the selected county must be recorded below the Nursing Services row. The data is then broken out by **cases and hours** and age category.

A **case** is an episode of service with a start date (admission) and an end date (discharge). Multiple services may be provided during an episode of service. For an episode of service to count as a case for this report the admission date must be in this reporting year or prior year(s), and the discharge date must be in this reporting year, or the patient must still be receiving services at the end of the reporting year. A patient who has been seen only to be assessed for personal care services should not be counted as a case and these visits should not be reported.

A patient sometimes represents more than one case. However, DO NOT count a patient as a new case if any of the following conditions apply:

- The patient's age category was changed during the report year.
- The patient was discharged to a hospital or RHCF and readmitted to the agency within 30 days with the same illness or diagnosis. In this instance the discharge should not be counted.
- The patient was admitted with an unspecified diagnosis and a definite diagnosis was subsequently established.

Validation Edit - If you enter an amount in the "Cases" column you must enter an amount in the corresponding "Hours" column. Also, if you enter an amount in the "Hours" column, you must enter an amount in the corresponding "Cases" column.

Validation Edit - If you enter amounts in the cases columns you must have an amount entered in the unduplicated patient count. Conversely, if you have an unduplicated patient count, you must have amounts entered under cases.
# LSR7A – Wellcare Form

**LSR7A – Wellcare Form** - collects data about Wellcare services provided to patients. **Wellcare services** include services which have as their primary purpose the prevention of illness and obtaining optimum health for their recipients. Examples of such services are nurses performing lead screening assessments, providing maternal and child health education, or following up on communicable diseases.

LSR7A Wellcare Services		Cases	Visits/Hours
74000	74001	74006	74007
COUNTY HEALTH DEPARTMENTS ONLY			
Double Click below to Choose the County:			
County	00001		
Enter Wellcare Cases, Visits, and Hours for each age group in each service type			
NURSES		Cases	Visits
Less than 1 Year of Age	00002		
1-5 Years of Age	00003		
6-20 Years of Age	00021		
21-64 Years of Age	00022		
65+ Years of Age	80000		
Total	00010		
PRIVATE DUTY NURSES		Cases	Hours
Less than 1 Year of Age	00012		
1-5 Years of Age	00013		
6-20 Years of Age	00023		
21-64 Years of Age	00024		
65+ Years of Age	00018		
Total	00020		

### Only County-Operated LHCSAs that provided Wellcare services need to complete this form.

Some of the totals on this form are automatically calculated – they are the lavender fields.

**Nursing services** captures data about nursing services provided to patients in the selected county. The data is then broken out by **cases and visits**. If your agency records Nursing Services in hours, please count 2.5 hours as 1 visit.

Private Duty Nursing Services captures data about nursing services provided to patients in the selected county. The data is then broken out by **cases and hours**.

# LSR8 – Contracts Form

**LSR8 – Contracts Form** - collects information on your agency's contracts to provide services on behalf of another agency.

LSR8 Contract Form												
Report Type : LHCSA												
LSR8 Contract Form		License/Op Cert No.	Agency	HHA Service Hours	Rate Paid for HHA Services	PCA Service Hours	Rate Paid for PCA Services					
80000	80001	80002	80003	80004	80005	80006	80007					
		Yes/No										
Did your agency provide Aide services for patients of another agency under contract?	9999											
Enter Contract information for services		License/Op Cert Number	Agency	HHA Service Hours	Rate Paid for HHA Services	PCA Service Hours	Rate Paid for PCA Services					
performed for other agencies/facilities												
Contract No. 1	0001											
Contract No. 1 Contract No. 2	0001 0002											
Contract No. 1 Contract No. 2 Contract No. 3	0001 0002 0003											
Contract No. 1 Contract No. 2 Contract No. 3 Contract No. 3	0001 0002 0003 0004											
Contract No. 1 Contract No. 2 Contract No. 3 Contract No. 3 Contract No. 4 Contract No. 5	0001 0002 0003 0004 0005											
Contract No. 1 Contract No. 2 Contract No. 3 Contract No. 3 Contract No. 4 Contract No. 5 Contract No. 5	0001 0002 0003 0004 0005 0006											
Contract No. 1 Contract No. 2 Contract No. 3 Contract No. 3 Contract No. 4 Contract No. 5 Contract No. 6 Contract No. 6	0001 0002 0003 0004 0005 0006 0007											
Contract No. 1 Contract No. 2 Contract No. 3 Contract No. 3 Contract No. 4 Contract No. 5 Contract No. 6 Contract No. 7 Contract No. 8	0001 0002 0003 0004 0005 0006 0007 0008											
Contract No. 1 Contract No. 2 Contract No. 3 Contract No. 3 Contract No. 4 Contract No. 5 Contract No. 6 Contract No. 7 Contract No. 8 Contract No. 8	0001 0002 0003 0004 0005 0006 0007 0008 0009											

If your agency did not have any contracts to provide services for another agency, answer **No** to the first question, and you are now finished with this form.

If your agency did have contracts to provide services on behalf of another agency, answer **Yes** to the first question, and enter the information for the contract(s).

If it is available, enter the license number/operating certificate number for the agency with whom you are contracting. CHHAs and Hospices will have operating certificate numbers. Other organizations may not have an operating certificate number. Enter N/A if the organization does not have an operating certificate or license number.

Operating Certificate numbers can be found in the Home Care section on the Profiles webpage <u>https://profiles.health.ny.gov/home\_care/index.</u> Hover the mouse at the Home Care tab and you will see several ways to search for an agency. Once you find the agency you are looking for, click on the overview tab and open the administrative section.

Enter the number of HHA and PCA hours of service you provided under this contract and the amount your agency was paid per hour of service.

If the requested information for a given contract changed during the reporting year, enter it as two or more separate contracts.

# LSR9WFA – Workforce Form A

**LSR9WFA – Workforce Form A** - collects information on admissions and the number of cases by authorized hours per week for all services.

LSR9WFA Workforce Form A				
Report Type : LHCSA				
LSR9WFA Workforce Form A		Amount	April 1	October 1
90001	90002	90003	90004	90005
Admission Information				
How many times during this reporting year was your agency closed to admissions?	0001			
How many cases did your agency have during the report year where you were unable to fill the total hours approved for the case?	0002			
How many cases was your agency unable to accept on April 1 and Oct 1 of the report year?	0003			
No. of Cases by Hours Per Week for ALL Services				
Using your caseload of April 1 and October 1, how many cases were authorized for:			No. of Cases on April 1	No. of Cases on Oct 1
1-10 hours per week	0010			
11-20 hours per week	0011			
21-30 hours per week	0012			
31-40 hours per week	0013			
40+ hours per week	0014			
No. of Live-in Aide Cases	0015			

An agency is **closed to admissions** when the agency is not accepting any new patients. This would not include times during the reporting year when an agency receives a referral list, fills cases it is able to, and does not take cases it is unable to. However, if the agency is not accepting any new cases due to reasons such as staffing and scheduling constraints, it should be included in this count. Do not include days, such as holidays, if the agency would not normally accept a new case on that day.

An agency is **unable to fill the total hours approved for a case** if the case is approved for a certain number of hours, but the agency is not able to fill the total number of approved hours with its current workforce for any reason. Cases that are unfilled because someone calls out of work one day should not be included in the response.

# LSR9WFB – Workforce Form B

**LSR9WFB – Workforce Form B** - collects information on number of staff employed and assigned to cases, and the number of open positions at two points during the year. This form also collects the number of staff that have been employed by your agency for the full report year and the number of staff that have left your agency during the report year.

LSR9WFB Workforce Form B Report Type : LHCSA										
LSR9WFB Workforce Form B		Count of Staff Employed on April 1 (From LSR6)	Count of Staff Assigned Cases on April 1	Count of Open Positions on April 1	Count of Staff Employed on Oct 1 (From LSR6)	Count of Staff Assigned Cases on Oct 1	Count of Open Positions on Oct 1	Count of Staff Employed for the full Report Year	Count of Staff that left the Agency for any reason during the report year	
91001	91002	91003	91004	91005	91006	91007	91008	91009	91010	
Che Maren										
Enter the information for each of the following staff types:										
Administrators	0001									
Other Administrative Staff	0002									
Nursing Supervisors	0003									
RNs	0004									
LPNs	0005									
Private Duty Nurses	0006									
Community Health Workers	0007									
Case Managers (Care Managers	0008									
Audiologists Nutritionists and Theranists	0011									
Home Health Aides	0012									
Personal Care Aides	0013									
Homemakers and Housekeepers	0014									
Other Staff	0015									

The number of staff employed on April 1 and October 1 is totaled (count of full-time staff plus count of hourly staff) and forwarded from form LSR6 – Staff and Wages Form.

- Enter the number of staff assigned to cases on April 1 and October 1 of the reporting year. This means staff that have cases assigned to them as of that date, not just staff actually working a case on that date. For staff not providing direct care, such as administrators or administrative staff, enter a "0" in the response.
- Enter the number of Open positions on April 1 and October 1 of the reporting year. A position is considered open when an agency has advertised for a position, but it is not filled. This includes both hourly and full-time positions. If an agency is continuously recruiting for any of the job categories, it should quantify the number of workers it would need to hire to be considered fully staffed in that category.
- Enter the number of staff (full time and hourly) that have remained employed by your agency for the full report year or more. If an employee is terminated and rehired during the report year, they should not be included in this total.
- Enter the number of staff (full time and hourly) that have left your agency (no longer employed by your agency) for any reason during the reporting year. This is a count of workers who left their position for any reason voluntary or involuntary excluding promotions.

# LSR9WFC – Workforce Form C

**LSR9WFC – Workforce Form C** - collects employee benefit information for four types of employees, and non-wage supports for all staff.

LSR9WFC Workforce Form C Report Type : LHCSA					
LSR9WFC Workforce Form C		Nurses	HHAs	PCAs	Homemakers and Housekeepers
92001	92002	92003	92004	92005	92006
Questions regarding Nurses, HHAs, PCAs, and Homemakers and Housekeepers					
Please answer the following questions for each staff type:					
How many employees are enrolled in employer-provided health insurance as of October 1?	0003				
How many employees have paid sick/vacation leave as of October 1?	0004				
How many employees have access to employer sponsored retirement plans as of October 1?	0005				
How many employees have short term disability insurance which the agency pays at least part of the premium as of October 1?	0006				
How many employees have filed Workers Compensation claims during the reporting year?	0007				

Non Wage Supports		Yes/No		
Does your agency offer any of the following non-wage supports to staff?				
Transportation Support	8000			
Childcare Support	0009			
Mentoring	0010			
Benefit Assistance	0011			
Scholarships	0012			
Does the agency pay increased wages for employees filling cases on weekends, holidays, or for complex cases?	0014			
Does the agency offer employer-provided health insurance?	0015			

Employees that receive health insurance or retirement plan benefits through the union, if the agency pays into the benefit, should be counted as enrolled in employer-provided health insurance or employer-sponsored retirement plan.

Short-term disability insurance may include the required coverage under New York State law or supplemental coverage that the agency offers.

# LSR10 – Registration Form

**LSR10 – Registration Form** - collects an attestation that indicates the LHCSA is currently operational and serving patients. If the LHCSA has opened in the past year, you can report on the form that the LHCSA is not yet operational and is currently not seeing patients.

Some fields on this form are **required fields**. You will not be able to submit the statistical report if this information is not filled in.

The appropriate Governing Authority Representative must request that the LHCSA be registered with the Department of Health for the upcoming calendar year.

LSR10 LHCSA Registration Form		
Report Type : LHCSA		
LSR10 LHCSA Registration Form		Response
100000	100001	100002
		Name and Date
Today's Date	00001	
LHCSA Operator Name	00002	
LHCSA Administrator Name	00003	
		Yes/No
Did this LHCSA provide patient care services during the last year?	00004	
Did this LHCSA provide patient care services during any portion this year?	00005	
Does this LHCSA intend to provide patient care services in the next year?	00006	
		Yes/No and Date
Has this LHCSA been open less than one year from today's date and has not served patients during this timeperiod?	00007	
Date LHCSA Opened	80000	
		Yes/No
Has this LHCSA received payment for Nursing, HHA, or PCA services during the report year?	00009	
No Licensed Home Care Services Agency shall be permitted to operate, provide nursing, personal care aide services or home	00010	
nearth aide services	00011	
or receive payment for such services from any payor unless it is registered with the NTS Department of Health.	00011	Vas/Na (Passinad)
Do you wish to senister this LUCCA with the NVC Dent of Uablth for the next calendar year?	00013	res/No (Required)
Do you wish to register this EHCSA with the NYS Dept of Health for the next calendar year?	00012	Var (Na and Nama (Banuinad)
	00012	res/100 and Name (Kequired)
by answering yes, I attest that all of the responses to this statistical report are true and correct to the best of my knowledge.	00013	

# Validating the Statistical Report

You may, at any time, Validate the Sheet you are working on, or validate the entire Report. You must validate the report before submitting it.

Go to the top tool bar and click on the drop-down box next to the green arrow.



You can validate a worksheet at any time. You can also refresh the validation after it's been done once by clicking the refresh circle in the details portion of the report. Because there are so many worksheets, it may be easier to validate each worksheet once you've finished it. The results of the validation are in a table in the details section of the worksheet. The message that says "Rule Passed Validation" is only referring to the cell you are on – not the whole worksheet.

Details	Details												
Worksheets Open Calculations Text Transfers Validation Results Submission Output													
RULE PASSED VALIDATION The total of discharges in the "Length of Stay" section must match the total of discharges in the "Discharged To" column in the "Referrals and Discharges" section. (20002.10) EEQ (20004.30) Filter: All Rules Filter: All Rul													
Sequence	Identifier	Level	Error	Left Value	Operator	Right Value	Rule		OriginalLogic				
11	LSR2PATIENT	Critical			EEQ		The total of discharges in the "Length of Stay" section must match the total of discharges	s in the "Discharged To" column in the "Re	{20002.10} EE				
12	LSR2PATIENT	Critical			EEQ		The unduplicated patient count reported on LSR2 must match the total of unduplicated p	atients reported on LSR7 - County Forms	{20002.3} EEQ				
13	LSR2PATIENT	Critical			EEQ		The number entered as total cases must match the total of the "Referred From" column i	n the Referrals and Discharges section.	{20002.2} EEQ				

The details section is automatically set up to show all rules. It's only an error if there is a checkmark in the error box.

			$\frown$				
Sequence	Identifier	Level	Error	Left Value	Operator	Right Value	Rule
11	LSR2PATIENT	Critical		1.0	EEQ	0	The total of discharges in the "Length of Stay" section must match the total of discharges in the "Discharged To" column

To see if you have any cells with errors – click on the filter in the details section and change it from "all rules" to "critical errors".

Details											
Worksheets Op	en Calculation	s Text Tran	sfers	Validation Results	Submission O	utput					
CRITICAL : O The total of dis {20002.10} EEQ	CRITICAL : Operator [EEQ] : Left and Right values must be exactly equal - {.99} Variance is NOT considered equal. The total of discharges in the "Length of Stay" section must match the total of discharges in the "Discharged To" column in the "Referrals and Discharges" section.										
Sequence	Identifier	Level	Error	Left Value	Operator	Right Value	Rule				
11	LSR2PATIENT	Critical		1.0	EEQ	0	The total of discharges in the "Length of Stay" section must match the total of discharges in the "Discharged To" column in the				

Validations can be done for the worksheet you are on by checking the box that says "Current Worksheet" or it can be done for all worksheets by unchecking the box.

You can fix an error and then re-run the validation by clicking on the refresh circle.

🗹 Cur	rent Worksheet		Refresh	G
Filter :	Critical Errors	~	Expor	t as Excel

If you have passed the validation edits you will have no error boxes checked and get a green message that says Rule Passed Validation for each cell you choose.

# Finalizing the Statistical Report

If you have passed all the validation edits, and you are satisfied with all responses on all forms, click on the Finalize Report icon.



Or click Action on the top tool bar and choose "Finalize Report"

•	File	Edit	View	Configure	Action	Notes	Windows	Search	Help

A message will come up asking if you are sure you want to save and finalize. Click Yes. A second message will come up directing you to correct errors (if there are any) or letting you know that the report has been finalized.

Select a location to save your Finalized Report. Make sure that you are aware of where it is being saved (i.e. desktop) as you will need to find the file when you upload it onto the Healthcare Financial Data Gateway. You may wish to make a new folder on your desktop and save it there. You will save a PDF of the report, as well as a .pnp file of the report.

The name of the report will be: LHCSA\_Agency Name\_(Agency License Number)\_Statewide\_2023\_A00.pnp

# The file you will want to upload will end in ".pnp"

Your report is now ready to be submitted to the Healthcare Financial Data Gateway.

# Submitting the Finalized LHCSA Statistical Report to the Healthcare Financial Data Gateway

- 1. Login to the HCS.
- 2. Click on **Healthcare Financial Data Gateway** in **My Applications.** This will take you to the **Healthcare Financial Data Gateway** main page.

			EVAL			
Home	Software	Submissions	Publications	Reports	Administration	
Welcome to th	e Healthcare	Financial Data Gate	way			
The navigation bar a	bove contains sele	ctable tabs for each function	al area of the application and	is used to navigate thro	ughout the application.	
Please read the des	criptions of these a	reas below:				
Software:	The "Software" to download will be	ab is used to download the saved as a zip file.	e Cost Report software and	supporting document	ation. Items selected for	
Submissions:	The "Submission	s" tab can be used to do any	of the following.			
	<ul> <li>Submit yo</li> <li>View the o</li> <li>Certify a p</li> </ul>	our completed and finalized of details of past submissions reviously submitted Cost Re	Cost Report			
Publications:	The "Publications directly related to	s" tab is used to download the distribution of the Cost	additional information distri Report software.	buted by the Departm	ent of Health that is not	
Reports:	The "Reports" tab	is used to access a downlo	adable history of submission	and certification detail	is for the Cost Reports.	
Administration:	The "Administrati	on" tab can be used to do a	ny of the following.			
	Grant peri     Manage R     Set Subm     Upload So     Upload So	missions to the applications toles ission CutOff oftware, Reports, and Suppo	ting Documentation			

3. Click the **Submissions** tab – the **Submissions** page will display.

Heal	thcare Fina	ncial Data Gat	eway Welcome	John P Huffaker	
New Yo	ork State Departmen	t of Health	Home	Contact   Request Acce	ess I Help
Home	Software	Submissions	Publications	Reports	Administration
SUBMISSIONS					
Select Cost Repor	rt And Organization				
Submission Type:	LHCSA	Organization:	00 Test LHCSA (000000LC)		Search
2014 NYS Department	of Health				System Informa

4. Select **LHCSA** as the **Submission Type** and your organization from the **Organization** list and then click the **Search** button. The **Submission** page will be expanded.

Home     Software     Submissions     Publications     Reports     Administration       UBMISSIONS     Select Cost Report And Organization     Image: Cost Report And Organization: 00 Test LHCSA (00000.0C)     Image: Cost Report And Organization: 00 Test LHCSA (00000.0C)     Image: Cost Report And Organization: 00 Test LHCSA (00000.0C)     Image: Cost Report And Organization: 00 Test LHCSA (00000.0C)     Image: Cost Report And Organization: 00 Test LHCSA (00000.0C)     Image: Cost Report And Organization: 00 Test LHCSA (00000.0C)     Image: Cost Report Re	New York	State Department of	Health	accivay	Home   C	P Huffaker	est Access I Help	
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Statewide 08-20-2018 11:30:59 John P Failure Detail Huffaker		Statewide	08202018113309	08-20-2018 11:34:30	John P Huffaker	Success	Detail Download	
		Statewide		08-20-2018 11:30:59	John P Huffaker	Failure	Detail	

- 5. Click the **Browse** button to display a dialog box that allows you to locate your finalized LHCSA Statistical Report. It will have a .pnp file extension.
- 6. Once you have selected the file to submit, click the **Submit** button.
- 7. The Submission History section of the Submission page will be updated to reflect the status of the submission.
- 8. A confirming email message will be sent to the email address listed in the **New Submission** section of the **Submission** page.

# Attachment A – Report Tool Bar items

#### Worksheets

# Worksheets

The Worksheets are listed in the Worksheet Panel which is located on the left side of the application window. Worksheets are listed in alphanumeric order by Worksheet name. Click on a Worksheet to view that Worksheet in the Matrix Panel. Click on the small arrow key in the top right of the Worksheet Panel to collapse or expand the panel. Use the "Windows" menu item to organize your Worksheets in the Matrix Panel. Panel.

#### Title Bar

#### Title Bar

The Title Bar is located at the very top of the window and will display the name, version and software build number, followed by the name of the active-matrix table if a table is currently open.

Universal Data Collection System - Version 5.0.0 - Build 20180306:152943 - [FIDA\_001\_010]

#### Menu Bar

# **UDCS Menu bar**

File Edit View Configur	e Action	Notes	Windows	Search	Help
-------------------------	----------	-------	---------	--------	------

The following Help Topics will guide you through the menu bar functionality.

#### File

#### The File Menu.

File	Edit	View	Configure
R	eport	Manage	r Ctrl+R
N	lew		Ctrl+N
C	pen		Ctrl+O
s	ave		Ctrl+S
S	ave Co	ру То	
P	rint		÷
c	lose Re	eport	
E	xit Pro	gram	

**Report Manager:** Select Report Manager to return to the Report Manager.

New: This command will start a new Report

Open: This command will enable you to open an existing Report

Save: This will save the Report you are working on.

**Save Copy To:** The Save Copy window will open and enable you to save a copy of your Report to a location that you choose. Your working report location will remain in the default location: C:\ProgramData\UDCS\report

**Print:** Two options will be displayed that will enable you to save your Report as a Microsoft Excel document or a PDF document. For either option, the Select Worksheets window will open. Check the worksheets you wish to export or check Select All to check all of the worksheets. You will be prompted to save the export file to a location you choose. You can then open the file from this saved location and print.

**Close Report:** Closes the Report. You will be prompted to save your data first.

**Exit Program:** Closes the UDCS software and the Report Manager. You will be prompted to save your data first.

# Edit

# The Edit Menu

Cut, Copy, Paste, Undo

Edit	View	N	Configur
C	ut	C	trl+X
C	ору	C	trl+C
P	aste	C	trl+V
U	ndo	C	trl+Z

These features will enable you to copy data from one part of your report to another, or from Microsoft Excel to your Report with some limitations:

1) You may copy numeric data to numeric or non-numeric type cells. You may not copy non-numeric data to numeric type cells.

2) You may not paste data into read only cells such as targets of formulas.

3) You may select a range of cells to copy. However, when you paste the cells, the range size must match. If the range size does not match, you will not be allowed to copy the data.

For example, if you copy a 5 cell by 5 cell range and try to paste in a 3 cell by 3 cell area, or the area has read only cells, you will be alerted to adjust your range.

#### View

The View Menu

Viev	Configure Action Notes Windows	Se
	Report Type	•
*	Worksheet Panel (Expand-Collapse) Alt+W	
	Previous Worksheet Alt+Up	
	Next Worksheet Alt+Down	
4	Detail Panel (Expand-Collapse) Alt+D	
	Calculations (In Pop-Up Viewer)	
	Text Transfers (In Pop-Up Viewer)	
	Validation Results (In Pop-Up Viewer)	
	Submission Output (In Pop-Up Viewer)	

Report Type: You can choose to Select All Worksheets to display all of the worksheets in the Report in the Worksheet display panel. For Reports that have multiple Report Types, you may choose to select only the worksheets from the selected Report Type.

Worksheet Panel (Expand-Collapse): Expands or collapses the worksheets panel. It may be convenient to collapse the worksheet panel when you are working on a large worksheet and could use extra space to see more of the worksheet.

With the worksheets collapsed you may also click on the arrow icon where the worksheets are collapsed to expand the worksheets.

Previous Worksheet and Next Worksheet: Use these commands to navigate through the worksheets.

Detail Pane (Expand-Collapse): Use this command to expand or collapse the Details panel. This works similarly to expand-collapse worksheets.

The following menu items will each open a window that will enable you to Export the data as a text file. Calculations: A window will open that list all of the mathematical expressions in the Report.

Text Transfers: Lists all of the Text Transfers in the Report. Text Transfers consist of a value and a target. Once the value is entered, the target automatically gets populated with the same value.

Validation Rules: Lists all of the Validation Rules in the Report. Validation Rules are conditions that must be met in order for the report to be completed satisfactorily.

Submission Output: This is the XML output of the Report. It lists Report configuration information as well as class code/line numbers and the values that were entered for them.

# Configure

The Configure Menu

Configure	Action	Notes
Control	Data	F2
Report	Settings	F3
Report	Types	F4

Control Data: Contains information that is required in order for the Report to be completed correctly and allowed to be submitted. All required Control Data fields must be complete. Required fields will have a red exclamation point next to them. When you open the Report, you will be alerted if the Control Data information is not completely filled out.

Report Settings / Report Types: These menu items are merely instructions to remind you what to do in the event that you have created your report using the wrong configuration information, such as the wrong Report Type or wrong Region. Click on the File menu to Start a New Report. Select the correct settings and then transfer your data from the incorrect Report to the new Report.

# Action

# The Action Menu

Action	Notes	Windows	Sear
Va	lidation Me	ethod	×
Sta	art Validati	ng FS	5
Ste	op Validati	ng Ctrl+F5	5
Fir	nalize Repo	rt Fé	5
Re	calculate F	ormulas F7	7

# Validation Method: Current Worksheet or Entire Report.

In order to Finalize the Report for Submission you must run it through the validation process. You can validate to check only the current Worksheet, or you can run Validation for the entire Report. You must Validate the entire Report in order to pass Validation and have a Finalized Report that is ready to submit.

**Start Validating/Stop Validating:** Once you have selected to validate the current Worksheet or the entire Report you can select the Start Validating item. For larger Reports, you may choose to Stop Validating at any time.

# Notepad

#### The Notepad Menu

This is a scratch pad to keep notes and provide additional information while you complete your report. Click the File menu and then Save to save Notes to your Report. Use the File and Edit menu as you would a typical text editor.

#### Windows

#### The Windows Menu

Send questions to hcstatrpts@health.ny.gov

Use the Windows commands to arrange the Worksheets to your satisfaction.

Select the Worksheets command to see a list of opened Worksheets. You may select an open Worksheet to bring it to the front of the Report.

Windows	Search
Cascad	e
Horizo	ntal
Vertica	d I
Close A	All
Works	heets >

# Search

# The Search Menu

Enter what you would like to search for in the Search box and click the Search button. All results that match your Search criteria will be listed below. You may choose to Search the Current Worksheet or All Worksheets by toggling the radio buttons at the bottom of the window.

# Help

# The Help Menu

View Documentation will open the Help File that you are currently reading.

He	p		
	View Documentation	F1	
	About Universal Data Collection System (UDCS)	F12	

Click About to open the following window. This information contains details about the Report you have open as well as the versions of the software and files being used.

# Icon Menu

# Icon Menu





Start a New Report.



Open an Existing Report.







Validate the Current Worksheet or the Entire Report.



Stop the Validation process.



Finalize the Report.









Export the Worksheet as a PDF document.



Export the Worksheet as an Excel file.



Open the Search Window.

# ALP LHCSA Statistical Report and Registration Forms on Universal Data Collection System (UDCS) Instructions

Submit this report with information regarding the residents your LHCSA (Licensed Home Care Services Agency) serves in the ALP (Assisted Living Program) only. If your LHCSA also serves patients in the community, you must also submit the LHCSA Statistical Report.

Please see Attachment A at the end of this document – it contains descriptions to all items on the tool bars located on the top of the Report Manager worksheets.

# **General Information:**

- Enter information in the blank white fields. All other fields (pink, lavender, and brown) are read-only fields. You can leave white fields blank if you have nothing to report you do not have to enter zeros.
- A few fields are required. If they are left blank, you will not be able to submit the report. The field header will indicate that the field is required.
- Some fields require a Yes or No answer. You must double click on the blank field and choose Yes or No from the box.
- Some forms have validation edits to ensure accurate information is collected. The validation edits are described in these instructions.
- Note: This documentation has been updated from previous versions. Images may be from previous report years. Dates in the text have been updated for the current report year (2023).

# To Begin:

Once you have downloaded the Report Manager software and report shell (see the separate downloading instruction document):

• To start a new report, click on the Start New Report icon or to resume working on a previously saved report click on the Open Existing Report icon.



Once you have started a new report or opened an existing report, a box will pop up which is the Configure Report Organization. In this box, you will select your organizations name from the drop-down box in the organization line. If your organization is not listed in the drop-down click on the box that states Organization Not found In List for further instruction. In region section you will have to select statewide. Then click OK.

Configure Report Organi	zation	×
Organization		~
Region		~
Submission Period	Annual	
Report Duration	01/01/2021 – 12/31/2021	
	Organization Not Found In List OK Cancel	

You will then see a report configuration box. Click the Next tab in the bottom right corner.

💀 Report Configuration	×
Report Types	
Select a Report Type	
Class Code     Line Number       999810000     1     ✓ ALP LHCSA	
Cancel	Next >

A second report configuration box will appear once you have completed selecting your counties of service. Click Finish in the bottom right-hand corner.

💀 Report Configuration	×
Report Configuration Complete	
Click <finish> to complete the report configuration, or Click <back> to review your answers.</back></finish>	
You have finished Report Configuration.	
Cancel	< Back Finish
Cancel	< Back Finish

The Save Report Configuration box will come up next to show you where your report is being stored on your computer. You can change where you want it stored by clicking the change location button.

Save Report Configuratio	n		×
Organization Name	00 TEST LHCSA (000000LC)		
Region	STATEWIDE		
Report Types	ALP LHCSA		
Submission Period	ANNUAL		
Report Duration	01/01/2021 – 12/31/2021		
PNP File Name	ALP_LHCSA_00_TEST_LHCSA_(000000LC)_STATEWIDE_2021_A00		.PNP
Location	C:\USERS\NBS06\DOCUMENTS\UDCS\REPORT\LHCSA\	Change	Location
		ОК	Cancel

### **General Information Form**

The General Information Form is part of the Report Manager Software and collects information about your organization that not only identifies you but enables the submission and certification of your report as well as the successful transfer of your data to a data repository.

When you open the report, you will receive a pop-up box that requests that you fill in the General Information Form. You must fill in the General Information Form prior to submitting the report.

🖳 General Information Valida	tion Message				-		×	
Required fields Please fill out to Do you want to	for General In he values in ap open General	formatic propria Informa	on Form are not te required field ation Form now?	filled. s on General Informa	tion Forn	n.		
	Yes		No	View Details				
🖉 Report General Information Form						-	0	>
General Information Form								
<b>Configuration Information</b>								
Configuration Information								
	Class Code	Line Numb	er					
Submission Type :	0	1005	ALP_LHCSA					
Submission Year :	0	1010	2021					
Submission Period :	0	1011	A00					
DCN :	0	1004						
Submitter ID :	0	1000	120011234					
Region ID :	0	1003	1					
Region Name :	0	1002	STATEWIDE					
Name of Organization :	0	10	HCBS TEST ORG N	IAME - 1 (120011234)			_	
Begin Date :	0	34	12/02/2021					
		35						

Contact Person			
	Class Code	Line Number	
Name :	54000	3	0
Title :	54000	4	•
Telephone Number :	54000	5	0
Fax Number :	54000	6	
E-mail Address :	54000	7	•
Addresses			
Mailing Address			
	Class Code	Line Number	
Street Address :	54000	11	•
City :	54000	12	
State :	54000	13	•
Zip Code :	54000	14	
		Validate Save	Cancel

The General Information Form information section will be filled in for you. You only need to fill in the Contact Person and Address sections.

.

# Form ALP1 – Agency Form

Form ALP1 - Agency Form collects agency location, contact information and other information.

ALP1 Agency Form							
Report Type The _thesh							
ALP1 Agency Form		Contact Information					
10000	10001	10002					
Agency and Contact Information		Contact Information (Required)					
License Number	00001						
National Provider Identification Number	00002						
Federal Employer Identification Number (FEIN)	00026						
Agency Name	00003						
Street Address	00004						
City	00005						
State	00006						
Zip	00007						
Agency Phone Number	80000						
Contact Person	00009						
Contact Person Email	00010						

# Agency and Contact Information Section

All fields in this section, except for NPI Number, are **required fields**. You will not be able to submit the statistical report if this information is not filled in.

# Form ALP2 – Resident Form

Form ALP2 - Resident Form collects resident demographic information, including discharges and referrals.

ALP2 Resident Form						
Report Type : ALP_LHCSA						
ALP2 Resident Form		Residents	Agre	Length of Stay	Admitted From	Discharged To
20000	20001	20002	20008	20005	20006	20007
Residents		Residents				
Resident Census on December 31 of Report Year	00001					
Number of Unduplicated Residents	00002					
Resident Information by Age						
Number of Residents as of December 31 or Date of			400			
Discharge			nge.			
Residents aged 1-21	00003		-			
Residents aged 22-64	00004					
Residents aged 65-74	00005					
Residents aged 75-84	00006					
Residents aged 85 and over	00007					
Total Number of Residents	00009					
Length of Stay						
For Discharged Residents:				Residents/LOS		
Number of Residents with a Length of Stay less than 6 months	00011					
Number of Residents with a Length of Stay of 6-12 months	00012					
Number of Residents with a Length of Stay of 13-24 months	00013					
Number of Residents with a Length of Stay of more than 24 months	00014					
Total Residents	00020					
Admitted From or Discharged To						
Number of Cases Admitted from or Discharged to:					Admitted From	Discharged To
Hospital	00022					
Self/Family/Friend	00023		1			
Adult Care Facility	00024					
Nursing Home	00025					
Other	00026					
Number of Residents Discharged to Death	00028					
Total Cases	00030					

Some of the totals on this form are automatically calculated – they are the lavender fields.

#### **Residents Section**

Enter information for **Resident Census**. Enter the resident census as of December 31 of the report year (12/31/2023). Resident Census means the actual number of individual residents receiving services.

Enter the **Unduplicated Resident Count** in the next field. This is the total number of discrete individual residents that your agency has served in the year, regardless of the number of admissions and discharges that resident may have had. A resident is only counted once regardless of the number of cases they represent.

To recap, if a resident is receiving care on 12/31/2023 they will be included in the resident census count. If they had two admissions during the year, they would count as two cases but as only one unduplicated resident.

#### Length of Stay Section

Length of Stay (LOS) information is entered in the next section. LOS is calculated for each episode of care or case. Length of stay should be calculated from the date the resident was initially admitted for an episode of care, regardless of the year of admission, to the date they were discharged. For example, if a resident was admitted on 12/30/2022 and discharged on 1/10/2023 her LOS is 12 days. Count the 2 days in 2022 and the

10 days in 2023 to arrive at a 12-day LOS. Residents that were discharged to a hospital or RHCF and readmitted to the agency within 30 days with the same illness or diagnosis should NOT be counted in the length of stay section.

Validation Edit - The total number of discharges calculated from the LOS entries on row 20 of ALP2 must match the total number of discharges calculated from the "Discharged To" section on row 30 of ALP2.

# **Referrals and Discharges Section**

The next section collects resident referral and discharge information. In the "Referred From" column enter the number of cases served by your agency that have been referred from each of the designated sources regardless of their start of service date. This means that if you are serving a case in 2023 that was referred to your agency in 2022, that case should be counted. Residents that were discharged to a hospital or RHCF and readmitted to the agency within 30 days with the same illness or diagnosis should not be counted in the discharge section.

In the "Discharged To" column enter the number of cases discharged during the reporting year to specific destinations.

# ALP3 – Cost Form

ALP3 – Cost Form - Collects data on revenue and costs for providing services to residents.

ALP3 Cost Form		
Report Type : ALP_LHCSA		
ALP3 Cost Form		Total
30000	30001	30002
Total Number of Days of Care	00001	
Total Revenue	00002	
Average Revenue per day of Care (Calculated by System)	00003	
Total Costs	00004	
Capital and Related Costs	00005	
Operational Costs (Calculated by System)	00006	
Average Operational Costs per Days of Care (Calculated by System)	00007	
Administrative and General Costs	80000	
Administrative and General Costs Ratio of Operating Costs (Calculated by System)	00009	
Home Health Aide Costs	00010	
Personal Care Aide Costs	00011	
Total HHA and PCA Costs (Calculated by System)	00012	
Administrative and General Costs Ratio applied to total HHA + PCA Costs (Calculated by System)	00013	

Some of the totals on this form are automatically calculated – they are the lavender fields.

One lines 1 and 2 enter the total number of days of care and total revenue for the report year.

On line 3 the system will calculate the average revenue per day of care by dividing the revenue by the days of care.

Enter total costs for the report year on line 4 and the amount of capital related costs on line 5.

• Capital and Related costs are onetime costs for construction, major repairs to real estate owned by the agency, etc.

On line 6 the system will calculate Operational Costs by subtracting the amount of capital costs from the total costs.

On line 7 the system will calculate the average operational costs per days of care by dividing the operational costs by the total number of days of care.

Enter the Administrative and General Costs of line 8

• Administrative and General costs are expenses for activities and materials that are used to administer your business. Examples are rent, utilities, and office supplies.

On line 9 the system will calculate a percentage by dividing the administrative costs by the operating costs.

On line 10 and 11 enter the costs to provide Home Health Aide and Personal Care Aide services.

On line 12 the system will calculate total HHA and PCA Costs.

On line 13 the system will apply the percentage from Line 9 to the total HHA and PCA costs on line 12.

# ALP4 – Staff and Wages Form

**ALP4 – Staff and Wages Form** - collects information by staff type for full time and hourly staff at two different dates during the reporting year and the total number of W2s issued, hours worked, wages, and fringe benefits.

ALP4 Staffing and Wages Report Type : ALP_LHCSA														
ALP4 Staffing and Wages		Percentage of Staff Time Spent on LHCSA	Number of Full Time Staff on April 1	Number of Hourly Staff on April 1	Number of Full Time Starr on October 1	Number of Hourly Staff on October 1	Average Number of Full Time Staff	Average Number of Hourly Staff	Number of Staff Hours	Number of FTEs	Staff Wages	Fringe Benefits	Total Compensation	Number of W2s issued
40000	40001	40002	40003	40004	40005	40006	40007	40008	40009	40010	40011	40012	40013	40014
Director/Administrator	00001													
Other Administrative Staff	00002													
Nursing Supervision Staff	00003													
HHA Staff	00004													
PCA Staff	00005													

Some of the totals on this form are automatically calculated – they are the lavender fields.

Enter the number of full-time and hourly staff at your agency on April 1 and October 1 of the report year. The current definition of a full-time staff is someone who works an average of 30 or more hours a week and 130 hours or more per month. The form will calculate the average number of full time and part time staff in the first two lavender columns.

Enter the total hours worked for the year. The form will calculate the number of FTEs represented by these hours by dividing the number of hours by 2,080.

Enter total wages paid, and total fringe benefits paid for each staff type. The amount of wages plus fringe benefits will be calculated.

Enter the number of W2s issued during the year for each staff type.

# ALP9WFC – Workforce Form C

**ALP9WFC – Workforce Form C** - collects employee benefit information for four types of employees, and non-wage supports for all staff.

This form requires some Yes or No Responses. To answer Yes or No, double click on the white field and the following box will pop up.

🖳 YESNO				×
Search				
Name				
Yes				
No				
Current va	lue for cell []		Ok	Cancel
{no value	has been assigned}			

Choose your yes or no response to the question, click OK, and it will populate in the field.

Workforce Form C								
Report Type : ALP_LHCSA								
Workforce Form C		Nurses	HHAs	PCAs	Homemakers and Housekeepers			
92001	92002	92003	92004	92005	92006			
Please answer the following questions for each staff type:								
How many employees are enrolled in employer-provided health insurance as of October 1?	00003							
How many employees have paid sick/vacation leave as of October 1?	00004							
How many employees have access to employer sponsored retirement plans as of October 1?	00005							
How many employees have short term disability insurance which the agency pays at least part of the premium as of October 1?	00006							
How many employees have filed Workers Compensation claims during the reporting year?	00007							
Non Wage Supports		Yes/No						
Does your agency offer any of the following non-wage supports to staff?								
Transportation Support	00008							
Childcare Support	00009							
Mentoring	00010							
Benefit Assistance	00011							
Scholarships	00012							
Does the agency pay increased wages for employees filling cases on weekends, holidays, or for complex cases?	00014							
Does the agency offer employer-provided health insurance?	00015							

Employees that receive health insurance or retirement plan benefits through the union, if the agency pays into the benefit, should be counted as enrolled in employer-provided health insurance or employer-sponsored retirement plan.

Short-term disability insurance may include the required coverage under New York State law or supplemental coverage that the agency offers.

# ALP10 – Registration Form

**ALP10 – Registration Form** - Collects an attestation that indicates the ALP LHCSA is currently operational and serving residents. If the ALP LHCSA has opened in the past year, you can report on the form that the ALP LHCSA is not yet operational and is currently not seeing residents.

Some fields on this form are **required fields**. You will not be able to submit the statistical report if this information is not filled in.

The appropriate Governing Authority Agent must request that the ALP LHCSA be registered with the Department of Health for the upcoming calendar year.

ALP10 Registration Form		
Report Type : ALP_LHCSA		
AI P10 Registration Form		Response
	100001	100002
10000	100001	100002
		Name and Date
Today's Date	00001	
LHCSA Operator Name	00002	
LHCSA Administrator Name	00003	
		Yes/No
Did this ALR LHCSA provide resident care convices during the last year?	00004	103/110
Did this ALP LINCA provide resident care services during the last year:	00004	
Did this ALP LHCSA provide resident care services during any portion this year?	00005	
Does this ALP LHCSA intend to provide resident care services in the next year?	00006	
		Yes/No and Date
Has this ALP LHCSA been open less than one year from today's date and has not served residents during this	00007	
Date the ALP LHCSA Opened	80000	
		Yes/No
Has this ALP LHCSA received payment for Nursing, HHA, or PCA services during the report year?	00009	
No Licensed Home Care Services Agency shall be permitted to operate, provide nursing, persnoal care aide services or home health aide services	00010	
or receive payment for such services from any payor unless it is registered with the NYS Department of	00011	
		Vor/No (Poquirod)
Devenue with the experience this ALD LUCCA with the NVC Devet of Licelyh for the cost estendary and	00012	res/140 (Required)
Do you wish to register this ALP LHCSA with the NYS Dept of Health for the next calendar year?	00012	
		Yes/No and Name (Required)
By answering yes, I attest that all of the responses to this statistical report are true and correct to the best of my knowledge.	00013	
Name of Governing Authority Representative submitting this report:	00014	
Failure to submit an accurate Registration Form (ALP10) by the due date will result in a penalty of five hundred dollars (\$500) for each month or part thereof that the ALP LHCSA is in default.	00016	
An ALP LHCSA will not be allowed to register for the following registration period unless it submits any unpaid late fees.	00017	
The Department shall institute proceedings to revoke the license of any ALP LHCSA that fails to register for two annual periods whether or not the periods are consecutive.	00018	

# Validating the Statistical Report

You may, at any time, validate the sheet you are working on, or validate the entire report. You **must** validate the report before submitting it.

Go to the top tool bar and click on the drop-down box next to the green arrow.



You can validate a worksheet at any time. You can also refresh the validation after it's been done once by clicking the refresh circle in the details portion of the report. Because there are so many worksheets, it may be easier to validate each worksheet once you've finished it. The results of the validation are in a table in the details section of the worksheet. The message that says "Rule Passed Validation" is only referring to the cell you are on – not the whole worksheet.

Details										
Worksheets Open Calculations Text Transfers Validation Results Submission Output										
RULE PASSED VALIDATION The total of discharges in the "Length of Stay" section must match the total of discharges in the "Discharged To" column in the "Referrals and Discharges" section. (20002.10) EEQ (20004.30)								Refresh 😋 Export as Excel		
Sequence	Identifier	Level	Error	Left Value	Operator	Right Value	Rule		OriginalLogic	
11	LSR2PATIENT	Critical			EEQ		The total of discharges in the "Length of Stay" section must match the total of discharges	in the "Discharged To" column in the	"Ref {20002.10} EE	
12	LSR2PATIENT	Critical			EEQ		The unduplicated patient count reported on LSR2 must match the total of unduplicated pa	tients reported on LSR7 - County For	ms {20002.3} EEQ	
13	LSR2PATIENT	Critical			EEQ		The number entered as total cases must match the total of the "Referred From" column in	the Referrals and Discharges section	{20002.2} EEQ	

IMPORTANT NOTE: The details section is automatically set up to show all rules. It's only an error if there is a checkmark in the error box.

Sequence	Identifier	Level	Error	Left Value	Operator	Right Value	Rule
11	LSR2PATIENT	Critical		1.0	EEQ	0	The total of discharges in the "Length of Stay" section must match the total of discharges in the "Discharged To" column

To see if you have any cells with errors – click on the filter in the details section and change it from "all rules" to "critical errors".

Details									
Worksheets Op	en Calculation	Text Tran	fers	Validation Results	Submission C	Dutput			
CRITICAL : Op The total of dis {20002.10} EEQ	CRITICAL : Operator [EEQ] : Left and Right values must be exactly equal - (.99) Variance is NOT considered equal. The total of discharges in the "Length of Stay" section must match the total of discharges in the "Discharged To" column in the "Referrals and Discharges" section. (20002.10) EEQ (20004.30)								
Sequence	Identifier	Level	Error	Left Value	Operator	Right Value	Rule		
11	LSR2PATIENT	Critical		1.0	EEQ	0	The total of discharges in the "Length of Stay" section must match the total of discharges in the "Discharged To" column in the		

Validations can be done for the worksheet you are on by checking the box that says "Current Worksheet" or it can be done for all worksheets by unchecking the box.

You can fix an error and then re-run the validation by clicking on the refresh circle.

🗹 Cur	rent Worksheet		Refresh 😋
Filter :	Critical Errors	~	Export as Excel

If you have passed the validation edits you will have no error boxes checked and get a green message that says Rule Passed Validation for each cell you choose.

# Finalizing the Statistical Report

If you have passed all the validation edits, and you are satisfied with all responses on all forms, click on the Finalize Report icon.



Or click Action on the top tool bar and choose "Finalize Report"

•	File	Edit	View	Configure	Action	Notes	Windows	Search	Help

A message will come up asking if you are sure you want to save and finalize. Click Yes. A second message will come up directing you to correct errors (if there are any) or letting you know that the report has been finalized.

Select a location to save your Finalized Report. Make sure that you are aware of where it is being saved (i.e. desktop) as you will need to find the file when you upload it onto the Healthcare Financial Data Gateway. You may wish to make a new folder on your desktop and save it there. You will save a PDF of the report, as well as a .pnp file of the report.

The name of the report will be: Agency Name\_(Agency License Number)\_Statewide\_2023\_A00.pnp

# The file you will want to upload will end in ".pnp"

Your report is now ready to be submitted to the Healthcare Financial Data Gateway.

# Submitting the Finalized ALP LHCSA Statistical Report to the Healthcare Financial Data Gateway

- 1. Login to the HCS.
- 2. Click on Healthcare Financial Data Gateway in My Applications. This will take you to the Healthcare Financial Data Gateway main page.

			EVAL						
Home	Software	Submissions	Publications	Reports	Administration				
Welcome to th	e Healthcare	Financial Data Gate	way						
The navigation bar a	bove contains sele	ctable tabs for each function	al area of the application an	d is used to navigate thro	ughout the application.				
Please read the des	criptions of these a	reas below:							
Software:	The "Software" ta download will be	ab is used to download th saved as a zip file.	e Cost Report software an	d supporting documenta	tion. Items selected for				
Submissions:	The "Submissions" tab can be used to do any of the following.								
	<ul> <li>Submit yo</li> <li>View the o</li> <li>Certify a p</li> </ul>	ur completed and finalized ( details of past submissions reviously submitted Cost Re	Cost Report						
Publications:	The "Publications directly related to	" tab is used to download the distribution of the Cost	additional information dist Report software.	ributed by the Departme	nt of Health that is not				
Reports:	The "Reports" tab is used to access a downloadable history of submission and certification details for the Cost Reports. n: The "Administration" tab can be used to do any of the following.								
Administration:									
	Grant perr     Manage R     Set Subm     Upload So     Upload Ce	nissions to the applications toles ission CutOff Mware, Reports, and Suppo intifications	ting Documentation						

3. Click the **Submissions** tab – the **Submissions** page will display.

Heal	thcare Fina	ncial Data Ga	teway	/elcome Nancy B Simonds	
New Y	ork State Departmen	t of Health	н	ome   Contact   Reque	st Access   Help
Home	Software	Submissions	Publications	Reports	Administration
BMISSIONS					
elect Cost Report	t And Organization				

4. Select **ALP LHCSA** as the **Submission Type** and your organization from the **Organization** list and then click the **Search** button. The **Submission** page will be expanded.

Home	Software	Submissions	Publications	Reports	Administration
SUBMISSIONS					
Select Cost Report	t And Organization				
Submission Type:	ALP_LHCSA	Organization:	HCBS Test Org Name - 1 (1	20011234)	Search
New Submission					
Email: nan	cy.simonds@health.ny.gov	<u>(Update email address)</u>	Refresh Emsil		
Upload File:				Browse	
Submit					
Submission History	у				
Submission Period	Report Perio	1:			
—Year / Period	Region	DCN	Submit Date	Submitter Sta	itus PNP

- 5. Click the **Browse** button to display a dialog box that allows you to locate your finalized ALP LHCSA Statistical Report. It will have a .pnp file extension.
- 6. Once you have selected the file to submit, click the **Submit** button.
- 7. The **Submission History** section of the **Submission** page will be updated to reflect the status of the submission.
- 8. A confirming email message will be sent to the email address listed in the **New Submission** section of the **Submission** page.
## Worksheets

#### Worksheets

The Worksheets are listed in the Worksheet Panel which is located on the left side of the application window. Worksheets are listed in alphanumeric order by Worksheet name. Click on a Worksheet to view that Worksheet in the Matrix Panel. Click on the small arrow key in the top right of the Worksheet Panel to collapse or expand the panel. Use the "Windows" menu item to organize your Worksheets in the Matrix Panel. Panel.

## Title Bar

#### Title Bar

The Title Bar is located at the very top of the window and will display the name, version and software build number, followed by the name of the active-matrix table if a table is currently open.

#### Menu Bar

## **UDCS Menu bar**

	File	Edit	View	Configure	Action	Notes	Windows	Search	Help	
The	followi	ng Help	Topics	will guide you	through th	e menu ba	ar functionalit	у.		

#### File

#### The File Menu.

File	Edit	View	Configure	
R	eport l	Manage	r Ctrl+R	
N	lew	Ctrl+N		
C	pen		Ctrl+O	
s	ave		Ctrl+S	
S	ave Co			
P	rint	,		
c	lose Re			
E	xit Pro	gram		

Report Manager: Select Report Manager to return to the Report Manager.

**New:** This command will start a new Report

Open: This command will enable you to open an existing Report

Save: This will save the Report you are working on.

**Save Copy To:** The Save Copy window will open and enable you to save a copy of your Report to a location that you choose.

Your working report location will remain in the default location: C:\ProgramData\UDCS\report

**Print:** Two options will be displayed that will enable you to save your Report as a Microsoft Excel document or a PDF document.

For either option, the Select Worksheets window will open. Check the worksheets you wish to export or check Select All to check all the worksheets.

You will be prompted to save the export file to a location you choose. You can then open the file from this saved location and print.

Close Report: Closes the Report. You will be prompted to save your data first.

**Exit Program:** Closes the UDCS software and the Report Manager. You will be prompted to save your data first.

## Edit

#### The Edit Menu

Cut, Copy, Paste, Undo

Edit	View	N	Configur
C	ut	C	trl+X
C	ору	C	trl+C
P	aste	C	trl+V
U	ndo	C	trl+Z

These features will enable you to copy data from one part of your report to another, or from Microsoft Excel to your Report with some limitations:

1) You may copy numeric data to numeric or non-numeric type cells. You may not copy non-numeric data to numeric type cells.

2) You may not paste data into read only cells such as targets of formulas.

3) You may select a range of cells to copy. However, when you paste the cells, the range size must match. If the range size does not match, you will not be allowed to copy the data.

For example, if you copy a 5 cell by 5 cell range and try to paste in a 3 cell by 3 cell area, or the area has read only cells, you will be alerted to adjust your range.

#### View

The View Menu

View	Configure	Action	Notes	Windows	Se				
Re	port Type	a la tradicione de la composición de la		en se den same detaile a	•				
Y W	orksheet Pan	el (Expan	d-Collaps	e) Alt+W					
Pr	evious Works	heet		Alt+Up					
Ne	ext Workshee	t		Alt + Down					
Y De	tail Panel (Ex	pand-Col	lapse)	Alt+D					
Ca	Calculations (In Pop-Up Viewer)								
Te	xt Transfers (	(In Pop-U	p Viewer)						
Va	lidation Resu	lts (In Po	p-Up Viev	ver)					
Su	bmission Out	tput (In P	op-Up Vie	ewer)					

Report Type: You can choose to Select All Worksheets to display all the worksheets in the Report in the Worksheet display panel.

For Reports that have multiple Report Types, you may choose to select only the worksheets from the selected Report Type.

Worksheet Panel (Expand-Collapse): Expands or collapses the worksheets panel. It may be convenient to collapse the worksheet panel when you are working on a large worksheet and could use extra space to see more of the worksheet.

With the worksheets collapsed you may also click on the arrow icon where the worksheets are collapsed to expand the worksheets.

Previous Worksheet and Next Worksheet: Use these commands to navigate through the worksheets.

Detail Pane (Expand-Collapse): Use this command to expand or collapse the Details panel. This works similarly to

expand-collapse worksheets.

The following menu items will each open a window that will enable you to Export the data as a text file. Calculations: A window will open that lists all of the mathematical expressions in the Report.

Text Transfers: Lists all the Text Transfers in the Report. Text Transfers consist of a value and a target. Once the value is entered, the target will automatically get populated with the same value.

Validation Rules: Lists all the Validation Rules in the Report. Validation Rules are conditions that must be met for the report to be completed satisfactorily.

Submission Output: This is the XML output of the Report. It lists Report configuration information as well as class code/line numbers and the values that were entered for them.

## Configure

The Configure Menu

Configure	Action	Notes	
Control	Data	F2	
Report	F3		
Report	Types	F4	

Control Data: Contains information that is required for the Report to be completed correctly and allowed to be submitted. All required Control Data fields must be complete. Required fields will have a red exclamation point next to them. When you open the Report, you will be alerted if the Control Data information is not completely filled out.

Report Settings / Report Types: These menu items are merely instructions to remind you what to do if you have created your report using the wrong configuration information, such as the wrong Report Type or wrong Region. Click on the File menu to Start a New Report. Select the correct settings and then transfer your data from the incorrect Report to the new Report.

#### Action

#### The Action Menu

Action	Notes	Windows	Sear
Vali	dation Me	ethod	•
Sta	rt Validati	ng F	5
Sto	p Valldatlı	ng Ctrl+F	5
Fina	alize Repo	rt F	6
Rec	alculate F	ormulas F	7

## Validation Method: Current Worksheet or Entire Report.

In order to Finalize the Report for Submission you must run it through the validation process. You can validate to check only the current Worksheet, or you can run Validation for the entire Report. You must Validate the entire Report in order to pass Validation and have a Finalized Report that is ready to submit.

**Start Validating/Stop Validating:** Once you have selected to validate the current Worksheet or the entire Report you can select the Start Validating item. For larger Reports, you may choose to Stop Validating at any time.

#### Notepad

#### The Notepad Menu

This is a scratch pad to keep notes and provide additional information while you complete your report. Click the File menu and then Save to save Notes to your Report.

Use the File and Edit menu as you would a typical text editor.

#### Windows

#### The Windows Menu

Use the Windows commands to arrange the Worksheets to your satisfaction. Select the Worksheets command to see a list of opened Worksheets. You may select an open Worksheet to bring it to the front of the Report.

Windows	Search				
Cascad	e				
Horizo	Horizontal				
Vertica Close A	d i				
	All				
Works	heets >				

## Search

#### The Search Menu

Enter what you would like to search for in the Search box and click the Search button. All results that match your Search criteria will be listed below. You may choose to Search the Current Worksheet or All Worksheets by toggling the radio buttons at the bottom of the window.

#### Help

#### The Help Menu

View Documentation will open the Help File that you are currently reading.

He	lp	
	View Documentation	F1
	About Universal Data Collection System (UDCS)	F12

Click About to open the following window. This information contains details about the Report you have open as well as the versions of the software and files being used.

## Icon Menu

## Icon Menu





Start a New Report.



Open an Existing Report.







Validate the Current Worksheet or the Entire Report.



Stop the Validation process.



Finalize the Report.









Export the Worksheet as a PDF document.



Export the Worksheet as an Excel file.



Open the Search Window.

# 2023 Licensed Home Care Services Agency Statistical Report Frequently Asked Questions

Q: Do we combine FI (Fiscal Intermediary) and LHCSA (Licensed Home Care Services Agencies) information if we operate both programs?

A: If you operate both a LHCSA that serves the community, and you are a Fiscal Intermediary (FI) for the CDPAP program you must separate all FI information out from the LHCSA information. The FI should be run as a distinct line of business from the LHCSA. You should indicate on form LSR1 that you are an FI. You should fill out all other information on the Statistical Report regarding the patients you serve in the community and staffing information should be in regard to the LHCSA activities only.

If your LHCSA is exclusively an FI, you will have no patient information to report, but you should fill out ALL forms for which they have information, including staffing levels, salary, etc.

Q. Where can I find instructions and documentation for the 2023 LHCSA Statistical Report?

A. Sign on to the Health Commerce System (HCS)

Click on:

- My Content on the top purple tool bar
- Documents by Group
- View all Document Groups

- Long Term Care
- Dear Administrator Letters
- 2024
- Home Health Care

Q: Our Agency was not open in 2023 - do we need to submit a report?

A: If your agency was newly opened in 2023, you will need to send a note to <u>HCStatRpts@health.ny.gov</u> requesting access to the survey. You must complete and submit the 2023 LHCSA Statistical Report to register your agency with the Department of Health for 2025. You must fill out the contact information on form LSR1 Agency Information Form and fill out form LSR10 Registration Form entirely. If your agency has staff, you must complete and submit forms regarding Staffing and Wages, Costs and Workforce.

Q: Our Agency was open in 2023, but did not serve patients - do we need to submit a report?

A: You must complete and submit the 2023 LHCSA Statistical Report to register your agency with the Department of Health for 2025. You must fill out the contact information on form LSR1 Agency Information Form and fill out form LSR10 Registration Form entirely. If your agency has staff, you must complete and submit forms regarding Staffing and Wages, Costs and Workforce.

Q: Who is responsible for completing the LHCSA Statistical Report if there was a successfully approved Change of Ownership (where the LHCSA is sold to a new owner) mid-year?

A: The new owner is responsible for completing the LHCSA Statistical Report and should answer the questions based on the current ownership data starting from the date of the approved change of ownership. If the new owner has access to the patient information from prior to the date of the change of ownership, they should answer the Statistical Report questions based on this prior information, where applicable. For example, questions about referrals and discharges on the LSR2 Patient Form may be answered using prior information, if known. The old owner will not have access to the report once the change of ownership has been approved.

Q: Our Agency is an ALP (Assisted Living Program) LHCSA (Licensed Home Care Services Agency) that exclusively serves patients of an Assisted Living Program. What needs to be submitted?

A: LHCSAs that EXCLUSIVELY serve patients in an Assisted Living Program (ALP) are only required to submit the ALP LHCSA Statistical Report Form.

If your agency is a LHCSA that serves ALP residents and serves patients in the community, you must complete and submit all forms on the LHCSA Statistical Report regarding your patients in the community AND the ALP LHCSA Statistical Report regarding the patients in the Assisted Living Program.

Q: I do not have access to the LHCSA Statistical Report on the Healthcare Financial Data Gateway. What can I do?

A: People who were able to access the Healthcare Financial Data Gateway last year to download the software and submit the report continue to have access this year. If you are in the Administrator role and you are unable to access the Gateway, please send an email to <u>hcstatrpts@health.ny.gov</u>. If you are not assigned the Administrator role on the Health Commerce System – you should discuss with your administrator what they would like to do regarding giving you access to the report and reach out to the Division by contacting <u>HCStatRpts@health.ny.gov</u>.

Q. Do I have to be assigned the Administrator role to enter data into the LHCSA Statistical Report?

A. No. Once the software is installed on a computer and the Report format is loaded, anyone with access to that computer can enter data. However, only someone assigned the Administrator role can submit the report.

Q. My agency has multiple people assigned the Administrator role who are also registered with the Healthcare Financial Data Gateway so that they can download the software and report and can submit the final report. Should they all download a copy of the application and report?

A. The answer is: it depends. They can each download and install the software on their computer, but care must be taken that all of them only enter data into a single, shared copy of the report. If they enter data into private copies of the report, the private copies cannot be merged. If they submit private copies of the report, only the data from the last submitted copy will be available. See the next question.

Q. How can multiple people enter data into a LHCSA Statistical Report?

A. You may want to have different people fill out different parts of the LHCSA Statistical Report. For example, you may want someone from your fiscal unit to fill out the cost and revenue sections, someone from human resources fill out the staffing and workforce sections and someone else enter the patient and service data. This can be done in different ways, but care must be exercised so that only one person is entering data into a report at a time. If more than one person enters data into a report at the same time, only the changes made by the last person to save their copy of the report will be retained.

The simplest way to have multiple people work on the LHCSA Statistical Report is to install the application on a single computer and have people use that computer to enter data into a report stored on the computer. This enforces the requirement that only one person enter data at a time.

Another method for multiple input to the report would be to install the application on the computers of everyone who will be entering data. The application and report can be downloaded once, stored on a file server or flash drive, and then installed from the server or flash drive onto the computers of all the people who will be entering data.

One person should then create and save the initial instance of the report for a license. The default location for this file (which has a .pnp extension) will be in the My Documents\UDCS folder of the person who created the report. A copy of this file can then be placed on a file

5

server where it can be accessed by those who have had the application installed on their computer.

Only one person should enter data into the report at a time. If more than one person enters data into a report at the same time, only the changes made by the last person to save their data will be retained. Also, everyone must enter data into this one report. Data entered into other copies of this report cannot be merged into this one report and will have to be re-entered.

Alternatively, the initial instance of a LHCSA Statistical Report can be stored on a single flash drive which can be given, in succession, to each person who will be entering data. These people must have the LHCSA Statistical Report application installed on their computers. All people entering data must save it to the same flash drive; **there is no way to merge data entered into multiple instances of a LHCSA Statistical Report into a single copy.** 

Q: I've downloaded the Report Manager software, but I get an error message when I try to install it on to my computer. What can I do?

A: You may not have the privileges needed to install software on your computer. You may need to contact your IT Department and have them install the software on your computer. Please note that the Report Manager software requires Windows 7 or later operating system.

Q: I've tried to download the Report Manager software on my Mac computer, and it does not work. What can I do?

A: Report Manager software requires Windows 7 or later operating system. It will not work on a Mac. You must use a computer that has Windows to submit your LHCSA Statistical Report.

Q. I have downloaded and installed the software, but when I download the Report and try to open the downloaded file, I get a prompt for a password or an error message that says the file may be damaged. How can I download the Report?

A. The file containing the LHCSA Statistical Report matrix is a .zip file that contains an encrypted file. Depending upon how your browser is configured, it may attempt to open the .zip file for you. You do not need to open this file and extract the contents; you should save it where you can locate it and load it into the Report Manager.

Q: I have completed the report and finalized and saved it. When I go to upload the report on the Healthcare Financial Data Gateway, I get the error message that says I cannot upload a PDF file. What do I need to do?

A: When you finalize the report and are asked to save it, the software will save both a PDF version of the file and a PNP version of the file. You must upload the PNP version.

#### FAQs about the Forms:

#### LSR2

Q: What is meant by census?

A: Census is the number of patients being served at a particular point in time.

Q: What is meant by cases?

A: A case is the provision of a course of services to an individual from a starting point to an ending point. A patient can have multiple courses of service and can consequently contribute more than once to the total number of cases.

Q: What is meant by unduplicated patient count?

A: The unduplicated patient count is the number of discrete individuals provided with home care services. A patient is counted only once regardless of the number of cases that they represent.

## LSR3 – Contract Revenue Form, and LSR4 – Direct Revenue Form

Q: What is meant by revenue?

A: Revenue is income, or monies coming into your agency.

Q: What is the difference between contract revenue and direct revenue?

A: Contract revenue is the income your agency received for services provided to patients because of a contract your agency has with another agency. Direct revenue is the income your agency received for services provided to the patients that are directly under the care of your agency.

Q: Our LHCSA has staff that are paid by a grant. Should this be included as revenue?

A: Yes. Grant money should be included as revenue.

## LSR5 – Cost Form

Q: If certain costs fall into two categories, should they be listed twice?

A: No. Do not double count costs. Choose one of the cost categories and enter the cost only once.

Q: Do costs related to the delivery of services include the wages paid to the employee giving the services?

A: Yes. Include Wages in the costs on LSR5 – Cost Form.

Q: What is included under fringe benefits?

A: Fringe benefits are employment benefits granted by an employer that has monetary value but does not affect basic wage rates. Fringe benefits may include health insurance, vision and/or dental insurance, paid holidays, pension, or items such as uniforms or a company car.

Q: We pay HHAs/PCAs bereavement, jury duty, overtime, Paid Time Off (PTO), holidays, travel time, annual medical exam time, in service/special training time etc. Are these considered fringe benefits?

A: Yes. These items can be included as fringe benefits on forms LSR5 Cost Form and the LSR6 Staff and Wages form.

Q: What is meant by Administrative and General Costs?

A: Administrative and General Costs are expenditures related to the day-to-day operations of a business. These costs pertain to the operation of the business rather than the cost for services to patients. Examples include rent, utilities, and office supplies.

Q: What is meant by other operating costs?

A: Other operating costs are costs that are not included elsewhere.

Q: What is meant by Capital and related costs?

A: Capital and related costs are fixed, one-time costs incurred for the purchase of land, buildings, or construction. Building improvement costs that add to the value of the property are included in capital costs. Maintenance of buildings and property are not included in capital costs.

Q: Our LHCSA does not have staff – we contract with a CHHA. Where do we enter the expense of payments to a CHHA for the staff that we use?

A: Enter the costs on LSR5 – Cost Form. There are lines for recording the costs of providing different services. If you are paying the CHHA for staff to provide services, that cost should be recorded here.

## LSR 6 – Staff and Wages Form

Q: What is meant by full time employee and hourly employee?

A: The IRS defines a full-time employee as an employee who works on average at least 30 hours per week, or 130 hours per month. Employees that work less than this should be considered hourly.

Q: When entering the highest and lowest hourly rate for HHAs and PCAs – do we have to take in consideration the overtime rates or weekend/mutual case differential when it comes to the highest rate?

A: No. Do not include overtime rates or weekend/mutual case differentials when determining the highest hourly rate. Also do not include fringe benefits that bring the wage up to the wage parity amount.

## LSR7 – Services by County

Q: What is meant by unduplicated patient count?

A: The unduplicated patient count is the number of discrete individuals provided with home care services. A patient is counted only once regardless of the number of cases that they represent.

Q: What is meant by New Admission?

A: New Admissions are patients that have been admitted to the agency during the report year.

# 2023 Assisted Living Program Licensed Home Care Services Agency Statistical Report Frequently Asked Questions

Q. Where can I find instructions and documentation for the Assisted Living Program (ALP)

Licensed Home Care Services Agency (LHCSA) Statistical Report?

A. Sign on to the Health Commerce System (HCS)

Click on:

- My Content on the top purple tool bar
- Documents by Group
- View all Document Groups
- Long Term Care
- Dear Administrator Letters
- 2024
- Home Health Care

Q: Our Agency was not open in 2023 - do we need to submit a report?

A: If your agency was newly opened in 2023, you will need to send a note to <u>HCStatRpts@health.ny.gov</u> requesting access to the survey. You must fill out the contact information on form Agency Information Form and fill out the Registration Form entirely. If your agency has staff, you must complete and submit forms regarding Staffing and Wages, Costs and Workforce.

Q: Our Agency was open in 2023, but did not serve patients - do we need to submit a report?

A: You must complete and submit the 2023 LHCSA Statistical Report to register your agency with the Department of Health. You must fill out the contact information on form Agency Information Form and fill out the Registration Form entirely. If your agency has staff, you must complete and submit forms regarding Staffing and Wages, Costs and Workforce.

Q: Who is responsible for completing the LHCSA Statistical Report if there was a successfully approved Change of Ownership (where the LHCSA is sold to a new owner) mid-year?

A: The new owner is responsible for completing the LHCSA Statistical Report and should answer the questions based on the current ownership data starting from the date of the approved change of ownership. If the new owner has access to the patient information from prior to the date of the change of ownership, they should answer the Statistical Report questions based on this prior information, where applicable. For example, questions about referrals and discharges on the LSR2 Patient Form may be answered using prior information, if known. The old owner will not have access to the report once the change of ownership has been approved.

Q: Our Agency is an ALP LHCSA that exclusively serves patients of an Assisted Living Program. What needs to be submitted?

A: LHCSAs that EXCLUSIVELY serve patients in an Assisted Living Program are only required to submit the ALP LHCSA Statistical Report Form.

If your agency is a LHCSA that serves ALP residents and also serves patients in the community, you must complete and submit all forms on the LHCSA Statistical Report in regard to your patients in the community AND the ALP LHCSA Statistical Report in regard to the patients in the Assisted Living Program (ALP).

Q: I do not have access to the ALP LHCSA Statistical Report on the Healthcare Financial Data Gateway. What can I do?

A: People who were able to access the Healthcare Financial Data Gateway last year to download the software and the report continue to have access this year. If you are in the Administrator role and are unable to access the Gateway, please send an email to <u>HCStatRpts@health.ny.gov</u>. If you are not assigned the Administrator role on the Health Commerce System – you should discuss with your administrator what they would like to do regarding giving you access to the report and reach out to the Division by contacting <u>HCStatRpts@health.ny.gov</u>.

Q. Do I have to be assigned the Administrator role to enter data into the ALP LHCSA Statistical Report?

A. No. Once the software is installed on a computer and the Report format is loaded, anyone with access to that computer can enter data. However, only someone assigned the Administrator role can submit the report.

Q. My agency has multiple people assigned the Administrator role who are also registered with the Healthcare Financial Data Gateway so that they can download the software and report and can submit the final report. Should they all download a copy of the application and report?

A. The answer is: it depends. They can each download and install the software on their computer, but care must be taken that all of them only enter data into a single, shared copy of report. If they enter data into private copies of the report, the private copies cannot be merged. If they submit private copies of the report, only the data from the last submitted copy will be available. See the next question.

Q. How can multiple people enter data into a LHCSA Statistical Report?

A. You may want to have different people fill out different parts of the LHCSA Statistical Report. For example, you may want someone from your fiscal unit to fill out the cost section, someone from human resources to complete the staffing and workforce sections and someone else enter the patient and service data. This can be done in different ways, but care must be exercised so that only one person is entering data into a report at a time. If more than one person enters data into a report at the same time, only the changes made by the last person to save their copy of the report will be retained.

The simplest way to have multiple people work on the report is to install the application on a single computer and have people use that computer to enter data into a report stored on the computer. This enforces the requirement that only one person enter data at a time.

Another way to have multiple people input data is to install the application on the computers of everyone who will be entering data. The application and report can be downloaded once, stored

on a file server or flash drive, and then installed from the server or flash drive onto the computers of all the people who will be entering data.

One person should then create and save the initial instance of the report for a license. The default location for this file (which has an extension of .pnp) will be in the My Documents\UDCS folder of the person who created the report. A copy of this file can then be placed on a file server where it can be accessed by those who have had the application installed on their computer.

Only one person should enter data into the report at a time. If more than one person enters data into a report at the same time, only the changes made by the last person to save their data will be retained. Also, everyone must enter data into this one report. Data entered into other copies of this report cannot be merged into this one report and will have to be re-entered.

Alternatively, the initial instance of a LHCSA Statistical Report can be stored on a single flash drive which can be given, in succession, to each person who will be entering data. These people must have the LHCSA Statistical Report application installed on their computers. All people entering data must save it to the same flash drive; **there is no way to merge data entered into multiple instances of a LHCSA Statistical Report into a single copy**.

Q: I've downloaded the Report Manager software, but I get an error message when I try to install it on to my computer. What can I do?

A: You may not have the privileges needed to install software on to your computer. You may need to contact your IT Department and have them install the software on to your computer. Please note that the Report Manager software requires Windows 7 or later operating system.

Q: I've tried to download the Report Manager software on my Mac computer, and it does not work. What can I do?

A: Report Manager software requires Windows 7 or later operating system. It will not work on a Mac. You must use a computer that has Windows to submit your 2021 LHCSA Statistical Report.

Q. I have downloaded and installed the software, but when I download the Report and try to open the downloaded file, I get a prompt for a password or an error message that says the file may be damaged. How can I download the Report?

A. The file containing the LHCSA Statistical Report matrix is a .zip file that contains an encrypted file. Depending on how your browser is configured, it may attempt to open the .zip file for you. You do not need to open this file and extract the contents; you should save it where you can locate it and load it into the Report Manager.

Q: I have completed the report and finalized and saved it. When I go to upload the report on the Healthcare Financial Data Gateway, I get the error message that says I cannot upload a PDF file. What do I need to do?

A: When you finalize the report and are asked to save it, the software will save both a PDF version of the file and a PNP version of the file. You must upload the PNP version.

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## FAQs about the Forms:

## ALP2 – Resident Form

Q: What is meant by resident census?

A: Resident census is the number of residents being served at a particular point in time.

Q: What is meant by unduplicated resident count?

A: The unduplicated resident count is the number of discrete individuals provided with home care services. A resident is counted only once regardless of the number of cases that they represent.

## ALP3 – Cost Form

Q: If certain costs fall into two categories, should they be listed twice?

A: No. Do not double count costs. Choose one of the cost categories and enter the cost only once.

Q: Do costs related to the delivery of services include the wages paid to the employee giving the services?

A: Yes. Include Wages in the costs on ALP3 – Cost Form.

Q: What is meant by Administrative and General Costs?

A: Administrative and General Costs are expenditures related to the day-to-day operations of a business. These costs pertain to the operation of the business, rather than the cost for services to patients. Examples include rent, utilities, and office supplies.

Q: What is meant by Capital and Related costs?

A: Capital and related costs are fixed, one-time costs incurred for the purchase of land, buildings, or construction. Building improvement costs that add to the value of the property are included in capital costs. Maintenance of buildings and property are not included in capital costs.

#### ALP 4 – Staff and Wages Form

Q: What is meant by full time employee and hourly employee?

A: The IRS defines a full-time employee for purposes of the Affordable Care Act (ACA), as an employee who works on average at least 30 hours per week, or 130 hours per month. However, full time work can be defined as between 32 and 40 hours. For purposes of this report, please define full-time as working an aver of 30 hours a week or 130 hours per month. Employees that work less than this should be considered hourly.

Q: What is included under fringe benefits?

A: Fringe benefits are employment benefits granted by an employer that have monetary value but do not affect basic wage rates. Fringe benefits may include health insurance, vision and/or dental insurance, paid holidays, pension, or items such as uniforms, or a company car.

Q: We pay HHAs/PCAs bereavement, jury duty, overtime, Paid Time Off (PTO), holidays, travel time, annual medical exam time, in service/special training time etc. Are these considered fringe benefits?

A: Yes. These items can be included as fringe benefits on forms ALP3 Cost Form and the ALP4 Staff and Wages Form.

# Section 3605-B Registration of Licensed Home Care Services Agencies

1. (a) Notwithstanding any provision of law to the contrary, no Licensed Home Care Services Agency (LHCSA) licensed pursuant to section thirty-six hundred five of this article shall be operated, provide nursing services, home health aide services, or personal care services, or receive reimbursement from any source for the provision of such services during any period of time on or after January first, two thousand nineteen, unless it has registered with the commissioner in a manner prescribed by the department.

(b) A LHCSA that fails to submit a complete and accurate set of all required registration materials by the deadline established by the commissioner shall be required to pay a fee of five hundred dollars for each month or part thereof that the LHCSA is in default. A LHCSA that failed to register in the prior year by the deadline of the current year shall not be permitted to register for the upcoming registration period unless it submits any unpaid late fees.

(c) The department shall post on its public website a list of all LHCSAs, which shall indicate the current registration status of each LHCSA.

(d) The department shall institute proceedings to revoke the license of any LHCSA that fails to register for two annual registration periods, whether or not such periods are consecutive. The department shall have the discretion to pursue revocation of the license of a LHCSA on grounds that it evidences a pattern of late registration over the course of multiple years.