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 (2022).

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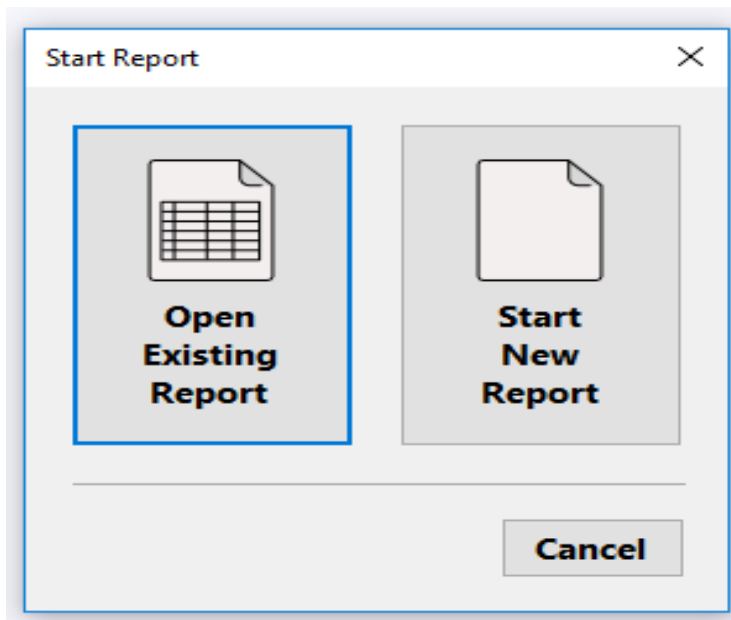
Once you have started a new report or opened an existing report, a box will pop up which is the Configure Report Organization. In this box, you will select your organizations name from the drop-down box in the organization line. If your organization is not listed in the drop-down click on the box that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

Configure Report Organization ✕

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 LHCSA.

| Class Code | Line Number | |
| 999810002 | 1 | ☑ LHCSA - 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 **ONLY** pick those three counties in this county list. Once you have done so, click the Next tab at the bottom right corner.
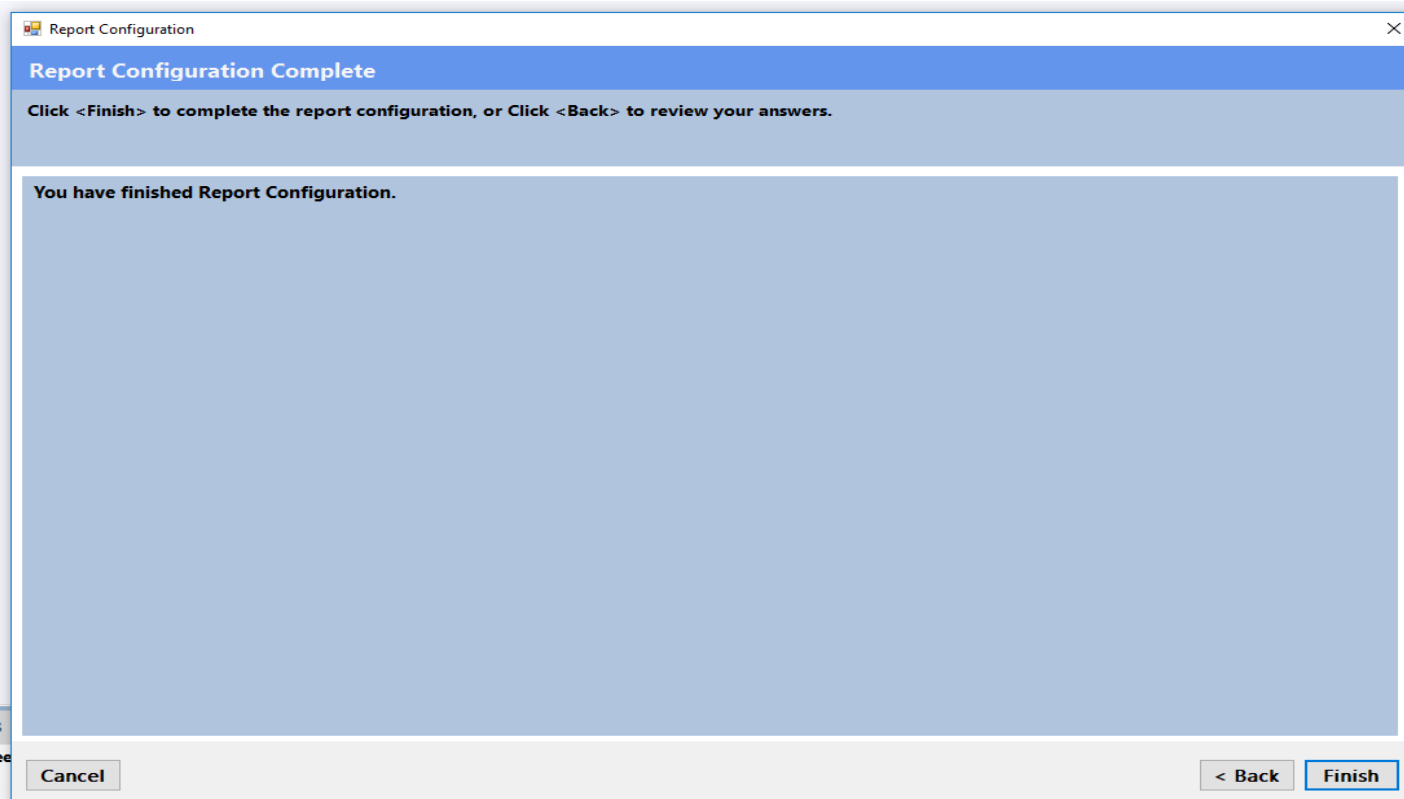
Report Configuration	✕
CheckBox List Panel	

Select the Counties for which you are reporting.

Class Code	Line Number	
999820000	1	☐ 01 - ALBANY
999820000	2	☐ 02 - ALLEGANY
999820000	3	☐ 03 - BROOME
999820000	4	☐ 04 - CATTARAGUS
999820000	5	☐ 05 - CAYUGA
999820000	6	☐ 06 - CHAUTAUQUA
999820000	7	☐ 07 - CHEMUNG
999820000	8	☐ 08 - CHENANGO
999820000	9	☐ 09 - CLINTON
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   < Back   Next >

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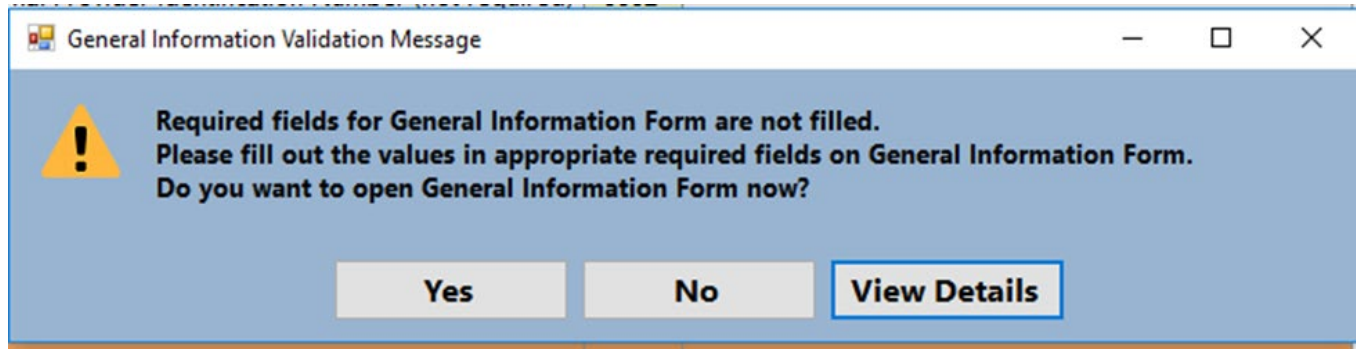

Important Note: After you have clicked finish, if you need to make a revision to the counties that you have selected this can be done by selecting "Configure" and "Report Configuration" from the top tool bar. After you have made the revision, you will be prompted to replace your current .pnp file with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

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		❗

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 LSR1 – Agency Form

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

LSR1 Agency Contact Information Form			
Report Type : LHCSA			
LSR1 Agency Information Form			
10000		**10001**	**10002**
Agency and Contact Infomation			**Contact Information (Required)**
License Number	0001		
National Provider Identification Number	0002		
Federal Employer Identification Number (FEIN)	0026		
Agency Name	0003		
Street Address	0004		
City	0005		
State	0006		
Zip	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.
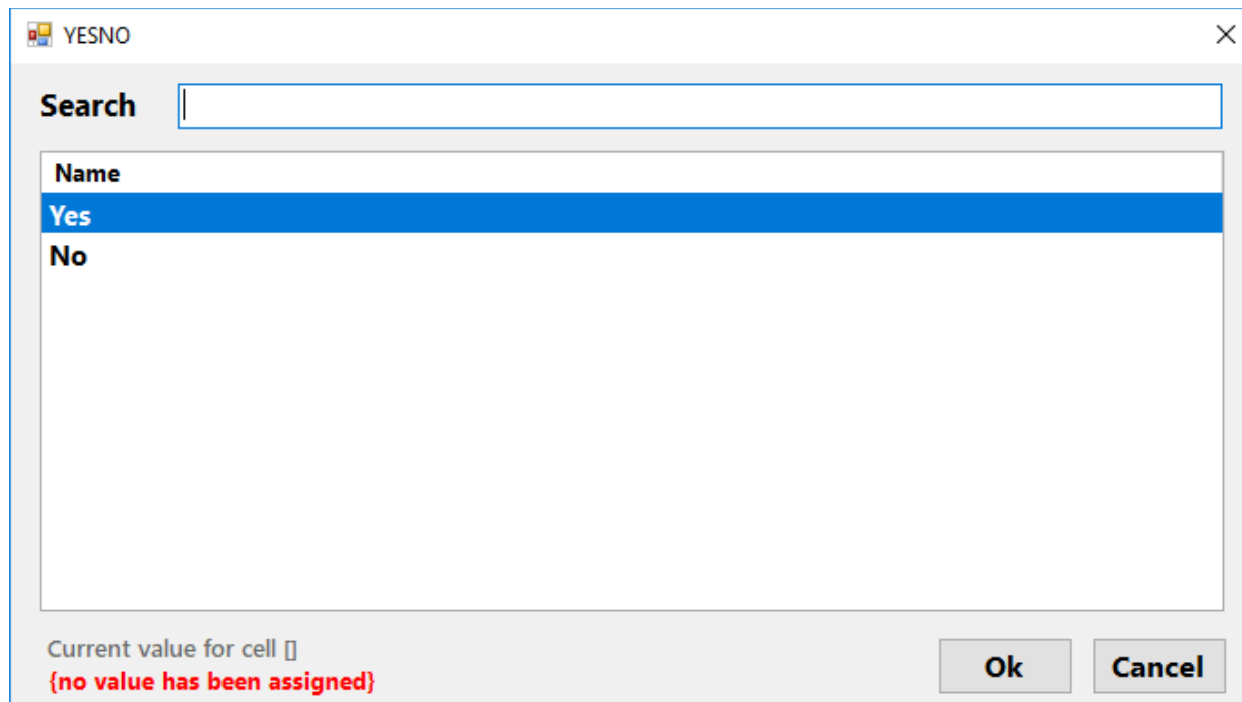
Important Note for ALP LHCSAs –
The ALP LHCSA Statistical Report will be posted on the UDCS Platform this year and will include the DOH Registration form.

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.

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
Report Type : LHCSA

LSR2 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			
Referrals and Discharges			**Referred From**	**Discharged To**
Number of Cases Referred from or Discharged to:				
Hospitals	0012			
Physicians	0013			
Self/Family/Friends	0014			
Nursing Homes	0015			
CHHAs	0016			
LTHHCPs	0017			
LHCSAs	0018			
Hospices	0019			
Adult Care Facilities	0020			
CASA/Local Social Services District	0021			
MLTC/MCOs	0022			
Local Health Department	0023			
Adult Protective Services	0024			
Death	0025			
Other	0026			
Describe "Other" Referrals and Discharges	0027			
TOTAL	0030			

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

Patients Section

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 (12/31/22 for the 2022 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 12/31/2022 they will be included in the patient census count. If they had two admissions during the year, they will 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 12/30/2021 and discharged on 1/10/22 her LOS is 12 days. Count the 2 days in 2021 and the 10 days in 2022 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 2022 that was referred to your agency in 2021, 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	0008			
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		Visits	Hours	Gross Revenue
Enter the number of direct visits or hours and revenue for each service:				
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 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	0008	
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.

LSR6 Staff and Wages Form
Report Type : LHCSA

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	0008												
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, andTherapy 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
- 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.

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

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	00008		
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		

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 performed for other agencies/facilities		**License/Op Cert Number**	**Agency**	**HHA Service Hours**	**Rate Paid for HHA Services**	**PCA Service Hours**	**Rate Paid for PCA Services**
Contract No. 1	0001						
Contract No. 2	0002						
Contract No. 3	0003						
Contract No. 4	0004						
Contract No. 5	0005						
Contract No. 6	0006						
Contract No. 7	0007						
Contract No. 8	0008						
Contract No. 9	0009						
Contract No. 10	0010						

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 https://profiles.health.ny.gov/home_care/index. 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		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
Staffing									
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	0008								
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								

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	0008				
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	00008	
		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 health aide services	00010	
or receive payment for such services from any payor unless it is registered with the NYS Department of Health.	00011	
		Yes/No (Required)
Do you wish to register this 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	

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.
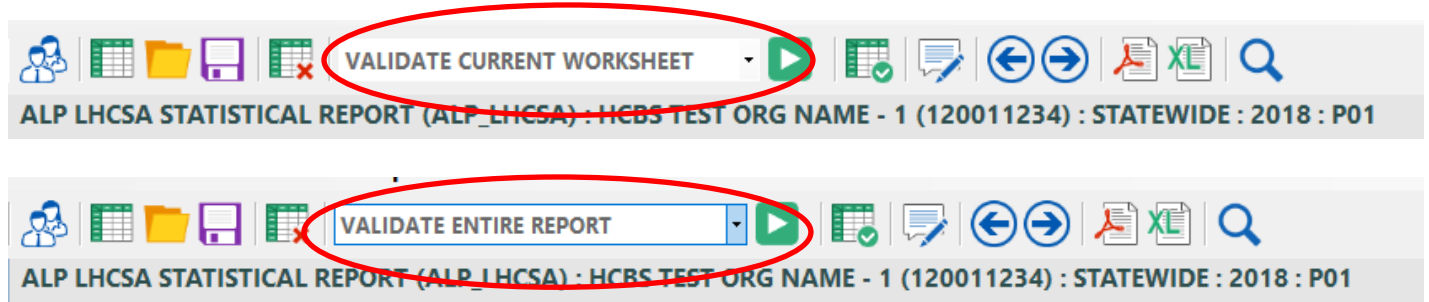
You can validate a worksheet at any time. You can also refresh the validation after it's been done once by clicking the refresh circle in the details portion of the report. Because there are so many worksheets, it may be easier to validate each worksheet once you've finished it. The results of the validation 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.

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

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".

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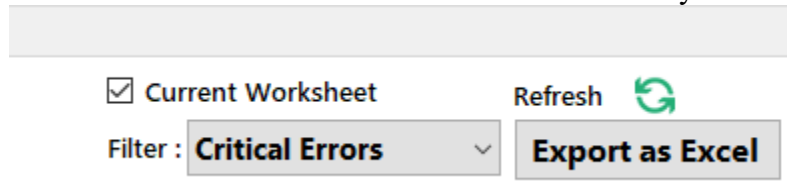
If you have passed the validation edits you will have no error boxes checked and get a green message that says Rule Passed Validation for each cell you choose.

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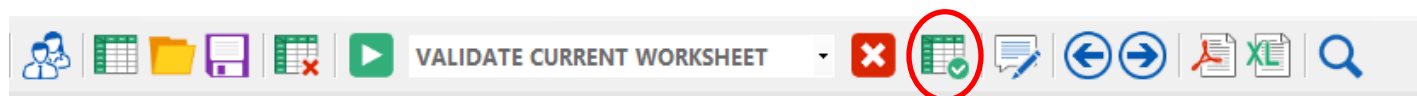
Or click Action on the top tool bar and choose "Finalize Report"

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_2022_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.

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

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.

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 Su**bmission 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
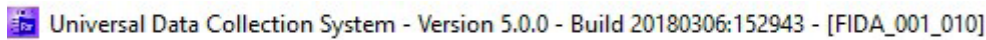
Worksheets

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.

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.
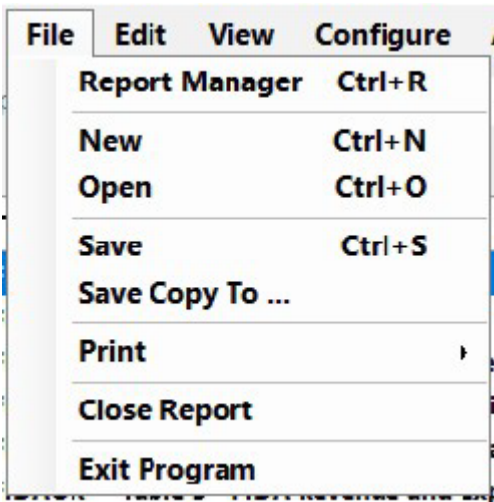
Universal Data Collection System - Version 5.0.0 - Build 20180306:152943 - [FIDA_001_010]

Menu Bar

UDCS Menu bar

| File | Edit | View | Configure | 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
Report Manager	Ctrl+R		
New	Ctrl+N		
Open	Ctrl+O		
Save	Ctrl+S		
Save Copy To …			
Print	▶		
Close Report			
Exit Program			

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	Configur
Cut	Ctrl+X	
Copy	Ctrl+C	
Paste	Ctrl+V	
Undo	Ctrl+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

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 lists 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 get 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
Validation Method			▶
Start Validating	F5		
Stop Validating	Ctrl+F5		
Finalize Report	F6		
Recalculate Formulas	F7		

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.
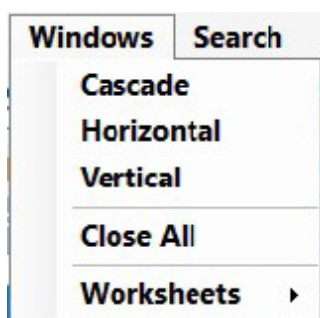
Search

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.

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

Open the Control Data Form.

Start a New Report.

Open an Existing Report.

Save the Report.

Close the Report.

Validate the Current Worksheet or the Entire Report.

Stop the Validation process.

Finalize the Report.

Open Notepad.

Open the Previous Worksheet.

 Open the Next Worksheet.

 Export the Worksheet as a PDF document.

 Export the Worksheet as an Excel file.

 Open the Search Window.