

LHCSA Statistical Report and Registration Forms on 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.

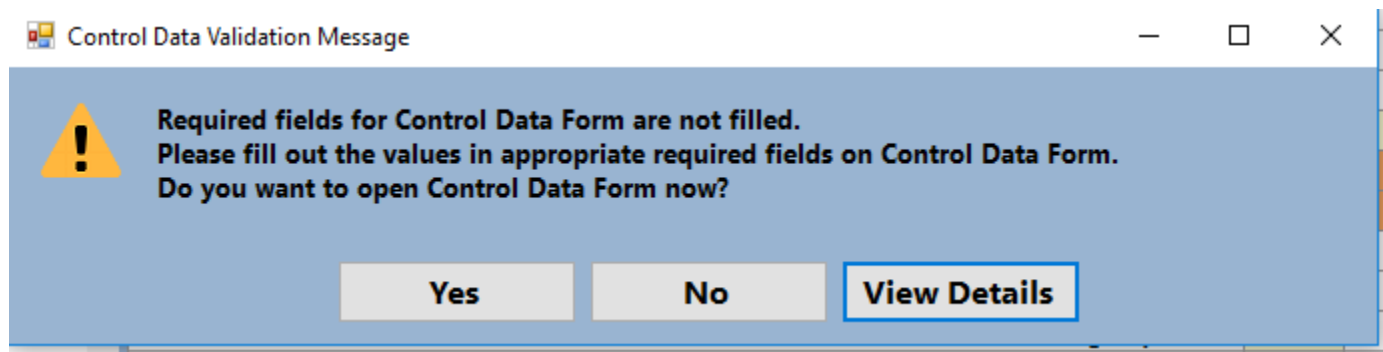
General Information:

- Enter information in the blank white fields. All other fields (pink, lavender, and brown) are read-only fields.
- Some fields are required. If they are left blank, you will not be able to submit the report
- Some fields require a Yes or No answer. You must double click on the blank field and choose Yes or No from the box.

The Control Data Form

The Control Data 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 Control Data Form. You must fill in the Control Data Form prior to submitting the report.



Report Control Data Form

Configuration Information

Configuration Information

	Class Code	Line Number	
Submission Type :	<input type="text" value="0"/>	<input type="text" value="1005"/>	<input type="text" value="ANNUAL"/>
Submission Year :	<input type="text" value="0"/>	<input type="text" value="1010"/>	<input type="text" value="2017"/>
Submission Period :	<input type="text" value="0"/>	<input type="text" value="1011"/>	<input type="text" value="A00"/>
DCN :	<input type="text" value="0"/>	<input type="text" value="1004"/>	<input type="text"/>
Submitter ID :	<input type="text" value="0"/>	<input type="text" value="1000"/>	<input type="text" value="1205L001"/>
Region ID :	<input type="text" value="0"/>	<input type="text" value="1003"/>	<input type="text" value="18"/>
Region Name :	<input type="text" value="0"/>	<input type="text" value="1002"/>	<input type="text"/>
Name of Organization :	<input type="text" value="0"/>	<input type="text" value="10"/>	<input type="text" value="TEST ORG 3 FOR 8.10.18 VERSION OF FORMS"/>
Begin Date :	<input type="text" value="0"/>	<input type="text" value="34"/>	<input type="text" value="01/01/2017"/>
End Date :	<input type="text" value="0"/>	<input type="text" value="35"/>	<input type="text" value="12/31/2017"/>

Contact Person

	Class Code	Line Number	
Name :	<input type="text" value="54000"/>	<input type="text" value="3"/>	<input type="text"/>
Title :	<input type="text" value="54000"/>	<input type="text" value="4"/>	<input type="text"/>
Telephone Number :	<input type="text" value="54000"/>	<input type="text" value="5"/>	<input type="text"/>
Fax Number :	<input type="text" value="54000"/>	<input type="text" value="6"/>	<input type="text"/>
E-mail Address :	<input type="text" value="54000"/>	<input type="text" value="7"/>	<input type="text"/>

Addresses

Mailing Address

	Class Code	Line Number	
Street Address :	<input type="text" value="54000"/>	<input type="text" value="11"/>	<input type="text"/>
City :	<input type="text" value="54000"/>	<input type="text" value="12"/>	<input type="text"/>
State :	<input type="text" value="54000"/>	<input type="text" value="13"/>	<input type="text"/>
Zip Code :	<input type="text" value="54000"/>	<input type="text" value="14"/>	<input type="text"/>

Validate

Save

Cancel

The configuration 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		
LSR1 Agency Information Form		
10000	10001	10002
Agency and Contact Information		Contact Information (Required)
License Number	00001	9999L001
National Provider Identification Number (not required)	00002	123444
Agency Name	00003	ZTest LHCSA
Street Address	00004	25 Lake Street
City	00005	Albany
State	00006	NY
Zip	00007	12206
Agency Phone Number	00008	999-999-9999
Contact Person Name	00009	Jane Smith
Contact Person Email	00010	JSmith@ZTest.com
ALP NOTE		
Please Note: If this Agency is an ALP LHCSA that EXCLUSIVELY serves ALP patients you must complete the following forms:		00011
LSR1 Agency Information Form		00012
LSR 2 Patient Form (the first 3 questions only)		00013
LSR9A, LSR9B, LSR9C Workforce Forms		00014
LSR10 Registration Form		00015
Agency Information		Yes/No
		(Double click the boxes below to see the Yes or No choices)
Did this Agency serve patients during the report year?	00016	Yes
Does this Agency EXCLUSIVELY serve patients in an Assisted Living Program (ALP)?	00017	
Does this Agency operate a Home Health Aide Training Program?	00018	
Does this Agency operate a Personal Care Aide Training Program?	00019	
Does this Agency serve waiver program (NHTD or TBI) patients?	00020	
Are there any employees of this Agency that are represented by a collective bargaining agreement?	00021	
FIs for CDPAP		Yes/No
Is this Agency a Fiscal Intermediary (FI) for the Consumer Directed Personal Assistance Program (CDPAP)?	00022	
If yes, is this Agency EXCLUSIVELY a FI for CDPAP?	00023	
OR is this Agency's FI a separate line of business from your Home Care line of business?	00024	

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.

Additional Information FIs for CDPAP Sections

The fields in this section 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 value for cell []
{no value has been assigned}

Ok Cancel

Important Note for ALP LHCSAs - If your LHCSA answers “Yes” to the question “Does this Agency EXCLUSIVELY serve patients in an Assisted Living Program?” you are only required to submit:

- Form LSR1 – Agency Information Form
- Form LSR2 – Patient Form – the first three questions only
- Forms LSR9WFA, LSR9WFB, LSR9WFC – Workforce forms A, B, and C
- Form LSR10 - LHCSA Registration Form.

You are also required to submit the 2017 ALP LHCSA Statistical Report on the HERDS application of the Health Commerce System.

Please note that if your agency is a LHCSA that serves ALP residents and also serves patients in the community, select no, and complete and submit all forms of this survey. Additionally, you must complete and submit the 2017 ALP LHCSA Statistical Report on the HERDS application of the Health Commerce System.

Form LSR2 – Patient Form

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

LSR2 Patient Form				
LSR2 Patient Form				
20000	20001	Patients/LOS 20002	Referred From 20003	Discharged To 20004
Patients		Patients (Required)		
Census on December 31 of the Report Year	00001			
Total Cases	00002			
Unduplicated Patient Count	00003			
Total Unduplicated Patient Count from Services by County Forms - LSR7	00999			
Length of Stay		Length of Stay		
Number of Discharged cases with:				
1-60 Days of Stay	00004			
61-120 Days of Stay	00005			
121 + Days of Stay	00006			
TOTAL	00010			
Referrals and Discharges			Referred From	Discharged To
Number of Cases Referred from or Discharged to:				
Hospitals	00012			
Physicians	00013			
Self/Family/Friends	00014			
Nursing Homes	00015			
CHHAs	00016			
LTHHCPs	00017			
LHCSAs	00018			
Hospices	00019			
Adult Care Facilities	00020			
CASA/Local Social Services District	00021			
MLTC/MCOs	00022			
Local Health Department	00023			
Adult Protective Services	00024			
Death	00025			
Other	00026			
TOTAL	00030		0	

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

Patients Section

Enter information for **Patient Census** (required). Enter the patient census as of December 31 of the report year (12/31/2017). Patient Census means the actual number of individual patients receiving services on 12/31/17.

Next, enter the total number of cases in the **Total Cases** field (required). 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.

Enter the **Unduplicated Patient Count** in the next field (required). 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 12/31/2017 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 LSR2 must match the total of the unduplicated patients reported on forms LSR7 – Services by County Form. This total is displayed 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 12/30/2016 and discharged on 1/10/17 her LOS is 12 days. Count the 2 days in 2016 and the 10 days in 2017 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.

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 2017 that was referred to your agency in 2016, 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.

Validation Edit - The total number of discharges calculated from the LOS entries must match the total number of discharges calculated from the “Discharged To” destination section.

Form LSR3 and LSR4 – Revenue Form

Form **LSR3 and LSR4 – Revenue Form** has two sections (formerly two forms that have been combined onto one report worksheet on UDCS):

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				
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			
Physician Services	0006			
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	0	0	\$0

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			
Physician Services	0026			
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	0	0	\$0

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.

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		
LSR5 Cost Form		Cost
50000	50001	50002
Direct Costs - Include Wages		
Enter the Costs related to the delivery of each service type:		
Nursing Services	0001	
Private Duty Nursing Services	0002	
Community Health Work Services	0003	
Medical Social Work Services	0004	
Case Management/Care Management Services	0005	
Physician Services	0006	
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 Trainig Program	0013	
Waiver Services	0014	
Telehealth Monitoring	0015	
Assistive Technology	0016	
Durable Medical Equipment	0017	
Other Services	0018	
TOTAL DIRECT COSTS	0020	\$0

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:		
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		
Administrative and General Costs	0030	
Capital and Related Costs	0031	
Other Operating Costs	0032	
TOTAL INDIRECT COSTS	0040	\$0
TOTAL DIRECT + INDIRECT COSTS	0050	\$0

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												
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 Compensation (Calculated)	Lowest Hourly Rate Paid for each Staff Type	Highest Hourly Rate Paid for each Staff Type
60000	60001	60002	60003	60004	60005	60006	60007	60009	60010	60011	60012	60013
Enter the information for each of the following staff types:												
Administrators	00001											
Other Administrative Staff	00002											
Nursing Supervisors	00003											
RNs	00004											
LPNs	00005											
Private Duty Nurses	00006											
Community Health Workers	00007											
Medical Social Workers	00008											
Case Managers/Care Managers	00009											
Physicians	00010											
Audiologists, Nutritionists, and Therapists	00011											
Home Health Aides	00012											
Personal Care Aides	00013											
Homemakers and Housekeepers	00014											
Other Staff	00015											
TOTAL	00020											

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. 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.

Enter the number of W2s issued, 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 and 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 in New York State, in alphabetic order. 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												
LSR7 Services By County-Albany	Unduplicated Ct/New Admissions	Cases Under Age 21	Visits/Hours Under Age 21	Cases Age 21-64	Visits/Hours Age 21-64	Cases Male Age 64+	Visits/Hours Male Age 64+	Cases Female Age 64+	Visits/Hours Female Age 64+	Nurse Family Partnership Cases	Nurse Family Partnership Visits	
70000	70001	70002	70003	70004	70005	70006	70007	70008	70009	70010	70011	70012
Albany County												
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 Male 64+	Visits Male 64+	Cases Female 64+	Visits Female 64+	Cases NFP	Visits NFP	
Nursing Services		01003										
		Cases Under 21	Hours Under 21	Cases 21-64	Hours 21-64	Cases Male 64+	Hours Male 64+	Cases Female 64+	Hours Female 64+	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											
Physician Services	01008											
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											
Durable Medical Equipment	01017											
Other	01018											
Total for County (excludes Nurses)	01030											

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

Enter the total number of unduplicated patients, and the number of new admissions during the report year for each county that your agency provides services.

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.

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**, age, and gender (for ages 64+). 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**, age, and gender (for ages 64+).

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.

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					
LSR7A Wellcare Services		Cases - Male	Visits/Hours - Male	Cases - Female	Visits/Hours - Female
74000	74001	74002	74003	74004	74005
COUNTY HEALTH DEPARTMENTS ONLY					
Double Click below to Choose the County:					
	00001				
Enter Wellcare Cases, Visits, and Hours for each age group in each service type					
NURSES		Cases - Male	Visits - Male	Cases - Female	Visits - Female
Less than 1 Year of Age	00002				
1-5 Years of Age	00003				
6-18 Years of Age	00004				
19-20 Years of Age	00005				
21-35 Years of Age	00006				
36-64 Years of Age	00007				
65+ Years of Age	00008				
Total	00010				
PRIVATE DUTY NURSES		Cases - Male	Hours - Male	Cases - Female	Hours - Female
Less than 1 Year of Age	00012				
1-5 Years of Age	00013				
6-18 Years of Age	00014				
19-20 Years of Age	00015				
21-35 Years of Age	00016				
36-64 Years of Age	00017				
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**, and gender. 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**, and gender.

LSR8 – Contracts Form

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

LSR8 Contract Form							
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						
Contract No. 11	0011						
Contract No. 12	0012						
Contract No. 13	0013						
Contract No. 14	0014						
Contract No. 15	0015						

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 administration 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				
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 contracted?	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.

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									
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	00001								
Other Administrative Staff	00002								
Nursing Supervisors	00003								
RNs	00004								
LPNs	00005								
Private Duty Nurses	00006								
Community Health Workers	00007								
Medical Social Workers	00008								
Case Managers/Care Managers	00009								
Physicians	00010								
Audiologists, Nutritionists, and Therapists	00011								
Home Health Aides	00012								
Personal Care Aides	00013								
Homemakers and Housekeepers	00014								
Other Staff	00015								

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.
- Enter the number of Open positions on April 1 and October 1. 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.
- Enter the number of staff (full time and hourly) that have remained employed by your agency for the full report year or more.
- 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					
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				
Other	0013				
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				

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.

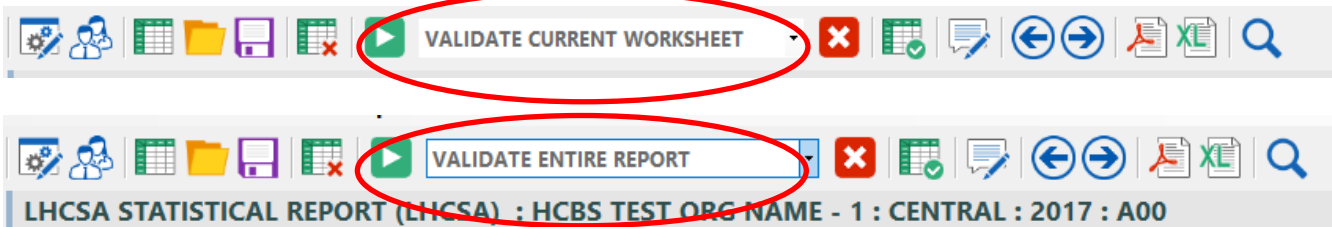
The Administrator or Operator must request that the LHCSA be registered with the Department of Health for the upcoming calendar year.

LSR10 LHCSA Registration Form		
LSR10 LHCSA Registration Form		Response
100000	100001	100002
		Name and Date
Today's Date	00001	
LHCSA Operator Name	00002	
LHCSA Administrator Name of Record, as it appears on the Health Commerce System	00003	
		Yes/No
Did this LHCSA provide patient care services during the report year of 1/1/2017 - 12/31/2017?	00004	
Did this LHCSA provide patient care services during any portion of 2018?	00005	
Does this LHCSA intend to provide patient care services in 2019?	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 of 1/1/2017 - 12/31/2017?	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 period 1/1/2019-12/31/2019?	00012	
		Yes/No and Name (Required)
By answering yes, I attest that all of the above responses are true and correct to the best of my knowledge.	00013	
Completed by (Administrator or Operator):	00014	
The deadline to submit the Registration Form (LSR10) for the period beginning January 1, 2019 is November 16, 2018.		00015
Failure to submit an accurate Registration Form (LSR10) by November 16, 2018 will result in a penalty of five hundred dollars (\$500) for each month or part thereof that the LHCSA is in default.		00016
A 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 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						
If a value is entered under cases, then a value must be entered under hours.						
{70005.1904} [NZNZ] {70006.1904}						
Identifier	Level	Error	Left Value	Operator	Right Value	Rule
LSR7 Clinton	Critical	<input type="checkbox"/>		NZNZ		If a value is entered under cases, then a value must be entered under hours.
LSR7 Clinton	Critical	<input type="checkbox"/>		NZNZ		If a value is entered under cases, then a value must be entered under hours.
LSR7 Clinton	Critical	<input type="checkbox"/>		NZNZ		If a value is entered under cases, then a value must be entered under hours.
LSR7 Clinton	Critical	<input type="checkbox"/>		NZNZ		If a value is entered under cases, then a value must be entered under hours.
LSR7 Clinton	Critical	<input type="checkbox"/>		NZNZ		If a value is entered under cases, then a value must be entered under hours.
LSR7 Clinton	Critical	<input checked="" type="checkbox"/>		NZNZ		If a value is entered under cases, then a value must be entered under hours.
LSR7 Clinton	Critical	<input type="checkbox"/>		NZNZ		If a value is entered under cases, then a value must be entered under hours.
LSR7 Clinton	Critical	<input type="checkbox"/>		NZNZ		If a value is entered under cases, then a value must be entered under hours.
LSR7 Clinton	Critical	<input type="checkbox"/>		NZNZ		If a value is entered under cases, then a value must be entered under hours.
LSR7 Clinton	Critical	<input type="checkbox"/>		NZNZ		If a value is entered under cases, then a value must be entered under hours.
LSR7 Clinton	Critical	<input type="checkbox"/>		NZNZ		If a value is entered under cases, then a value must be entered under hours.

To see if you have any cells with errors – click on the column header that says error – and the list will sort and all of the checked boxes will come to the top of the list. In the screenshot below for form LSR7, the user made entries made in the “Cases” column and no corresponding entry in the “Hours” column . After clicking validate worksheet, and clicking the error column header – the errors show up on the list.

Private Duty Nursing Services	01904					
Community Health Work Services	01905					
Medical Social Work Services	01906		23			
Case Management/Care Management Services	01907					
Physician Services	01908		86			
Audiology, Nutrition, and Therapy Services	01909					

Footnotes

Cell [70004.1908] : Datatype [System.Int32] : Mask [N0] : ReadOnly [No] : Value []

Details

Worksheets Open Calculations Text Transfers **Validation Results** Submission Output

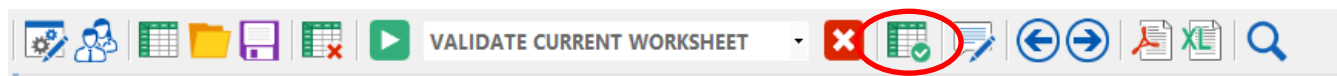
RULE PASSED VALIDATION
 If a value is entered under cases, then a value must be entered under hours.
 {70009.1903} [NZNZ] {70010.1903}

Identifier	Level	Error	Left Value	Operator	Right Value	Rule
LSR7 Clinton	Critical	<input checked="" type="checkbox"/>	23	NZNZ	0	If a value is entered under cases, then a value must be entered under hours.
LSR7 Clinton	Critical	<input checked="" type="checkbox"/>	86	NZNZ	0	If a value is entered under cases, then a value must be entered under hours.
LSR7 Clinton	Critical	<input type="checkbox"/>		NZNZ		If a value is entered under cases, then a value must be entered under hours.
LSR7 Clinton	Critical	<input type="checkbox"/>		NZNZ		If a value is entered under cases, then a value must be entered under hours.
LSR7 Clinton	Critical	<input type="checkbox"/>		NZNZ		If a value is entered under cases, then a value must be entered under hours.
LSR7 Clinton	Critical	<input type="checkbox"/>		NZNZ		If a value is entered under cases, then a value must be entered under hours.
LSR7 Clinton	Critical	<input type="checkbox"/>		NZNZ		If a value is entered under cases, then a value must be entered under hours.
LSR7 Clinton	Critical	<input type="checkbox"/>		NZNZ		If a value is entered under cases, then a value must be entered under hours.
LSR7 Clinton	Critical	<input type="checkbox"/>		NZNZ		If a value is entered under cases, then a value must be entered under hours.
LSR7 Clinton	Critical	<input type="checkbox"/>		NZNZ		If a value is entered under cases, then a value must be entered under hours.
LSR7 Clinton	Critical	<input type="checkbox"/>		NZNZ		If a value is entered under cases, then a value must be entered under hours.

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 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.

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.

The screenshot shows the main page of the Healthcare Financial Data Gateway. At the top left is the logo for the New York State Department of Health, featuring a blue cross with a caduceus and a stack of papers. To the right of the logo is the text "Healthcare Financial Data Gateway" and "New York State Department of Health". Further right, it says "Welcome John P Huffaker" and has links for "Home", "Contact", and "Help". Below this is a navigation bar with tabs for "Home", "Software", "Submissions", "Publications", "Reports", and "Administration". The "Submissions" tab is highlighted. The main content area has a light blue background and contains the following text:

Welcome to the Healthcare Financial Data Gateway

The navigation bar above contains selectable tabs for each functional area of the application and is used to navigate throughout the application. Please read the descriptions of these areas below:

Software: The "Software" tab is used to download the Cost Report software and supporting documentation. Items selected for download will be saved as a zip file.

Submissions: The "Submissions" tab can be used to do any of the following:

- Submit your completed and finalized Cost Report
- View the details of past submissions
- Certify a previously submitted Cost Report

Publications: The "Publications" tab is used to download additional information distributed by the Department of Health that is not directly related to the distribution of the Cost Report software.

Reports: The "Reports" tab is used to access a downloadable history of submission and certification details for the Cost Reports.

Administration: The "Administration" tab can be used to do any of the following:

- Grant permissions to the applications
- Manage Roles
- Set Submission CutOff
- Upload Software, Reports, and Supporting Documentation
- Upload Certifications

At the bottom left, it says "© 2014 NYS Department of Health" and at the bottom right, "System Information".

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

The screenshot shows the Submissions page of the Healthcare Financial Data Gateway. At the top left is the logo for the New York State Department of Health. To the right of the logo is the text "Healthcare Financial Data Gateway" and "New York State Department of Health". Further right, it says "Welcome John P Huffaker" and has links for "Home", "Contact", "Request Access", and "Help". Below this is a navigation bar with tabs for "Home", "Software", "Submissions", "Publications", "Reports", and "Administration". The "Submissions" tab is highlighted. The main content area has a light blue background and contains the following text:

SUBMISSIONS

Select Cost Report And Organization

Submission Type: Organization:

At the bottom left, it says "© 2014 NYS Department of Health" and at the bottom right, "System Information".

- 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.

Healthcare Financial Data Gateway
New York State Department of Health

Welcome John P Huffaker
Home | Contact | Request Access | Help

Home Software **Submissions** Publications Reports Administration

SUBMISSIONS

Select Cost Report And Organization

Submission Type: LHCSA Organization: 00 Test LHCSA (000000LC) Search

New Submission

Email: john.huffaker@health.ny.gov (Update email address) Refresh Email

Upload File: Browse... No file selected. Submit

Submission History

Report Period : 2017-Annual

Submission Period	Region	DCN	Submit Date	Submitter	Status	
Year / Period 2017 Annual	Statewide	08202018113309	08-20-2018 12:47:21	John P Huffaker	Failure	Detail
	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

© 2014 NYS Department of Health System Information

- 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.
- Once you have selected the file to submit, click the **Submit** button.
- The **Submission History** section of the **Submission** page will be updated to reflect the status of the submission.
- 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

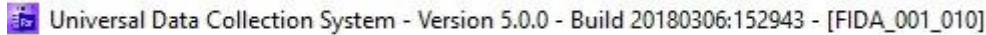
Worksheets

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

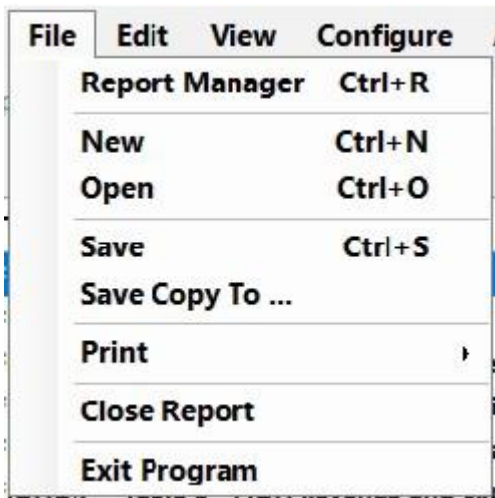
UDCS Menu bar

 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.



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	

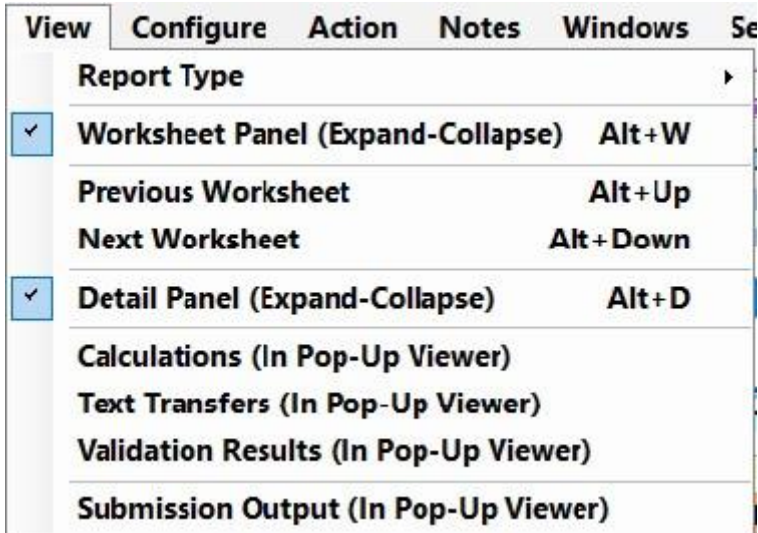
These features will enable you to copy data from one part of your report to another, or from Microsoft Excel to your Report with some limitations:

- 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 will 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 Valldating		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

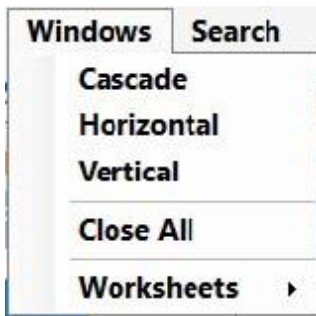
The Notepad Menu

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.

Help	
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



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.