



Department
of Health

ADULT CARE FACILITY QUARTERLY STATISTICAL INFORMATION REPORT

DIVISION OF ADULT CARE FACILITY AND ASSISTED LIVING SURVEILLANCE

3rd QUARTER 2026

QUARTERLY STATISTICAL INFORMATION REPORT

- The Quarterly Statistical Information Report is:
 - A survey used to collect each facility's demographics for the specified quarter
 - Required per 18 NYCRR § § 487.10(e)(2), §488.10(e)(4), and §490.10(e)(4)
- All Adult Care Facilities must complete the Quarterly Statistical Information Report via the Survey Management And Response Tool (SMART) System report on the Health Commerce System

QUARTERLY STATISTICAL INFORMATION REPORT

- Citations are issued if the deadline is missed, and the non-compliant facility may face a civil penalty of up to \$100/day for each day the Quarterly Statistical Information Report is overdue
- The Quarterly Statistical Information Report follows an annual schedule:

Quarter	Period Covered	Opens	Closes
1	January 1 – March 31	April 1	April 30
2	April 1 – June 30	July 1	July 31
3	July 1 – September 30	October 1	October 31
4	October 1 – December 31	January 1	January 31

QUARTERLY STATISTICAL INFORMATION REPORT

- Only individuals assigned the following Health Commerce System roles will be able complete the Quarterly Statistical Information Report on behalf of a facility:
 - Administrator
 - Administrator Backup
 - Data Reporter
 - Health Provider Network Coordinator

Failure to press the submit button will result in a
non-submission citation!

2026 3rd QUARTERLY STATISTICAL INFORMATION REPORT

- For purposes of streamlining and improved quality control, the Quarterly Statistical Information Report has been updated
- Changes include reformatting; added logic; addition of help buttons and a companion guide; and reduced question redundancy; as well as those needed to reflect the platform conversion to the Survey Management And Response Tool (SMART) System
- This slide deck is available for the facility's current and future reference

GENERAL INSTRUCTIONS

- To help avoid data entry errors, please read through all the directions before starting
- We recommend that you save the form periodically while entering data to avoid losing data should the system time out
- Save the form after entering data in Adult Care Facility Information
- Questions should be addressed to acfqsir@health.ny.gov

LOCATION

- Log on to the Health Commerce System
- Select My Content > All Applications from the top menu bar
- Select S
- Click + located to the right of the application name to add SMART to My Applications
- Click SMART to open
- On the SMART homepage, select Surveys

LOCATION CONT.

- Search for the survey you'd like to complete and select the arrow in the box on the left of the name next to the survey name "Adult Care Facility Quarterly Statistical Information Report"
- You will receive a passcode by text; enter the one-time passcode in the Multifactor Authentication field, and hit verify
 - Note: Surveys display in the order in which they are due.

LOCATION CONT.

- To access the survey, select access level, organization type, organization, and time period.
- Once survey has been completed, select Submit. If you'd like to save your answers and come back to complete the survey, select Draft (if available).

OPENING THE REPORT

- Click SMART to open
- On the SMART homepage, select Surveys
- Search for the survey to complete and select the arrow in the box on the left of the name next to the survey named “Adult Care Facility Quarterly Statistical Information Report”
- You will receive a passcode by text; enter the one-time passcode in the Multifactor Authentication field, then hit verify

OPENING THE REPORT (CONT.)

- To access the survey, select access level, organization type, organization, and time period
- Once survey has been completed, select Submit
- Note: Surveys display in the order in which they are due

SECTION 1: QUESTION 1

Question 1: Adult Care Facility Type

- The submitter must identify whether the facility is an adult home or enriched housing program

****Hint: If the facility's Operating Certificate includes an "S," then it is an enriched housing program. Facilities with an "E", "F," or "N" designation are adult homes.**
- When selected, certain questions will open, others will be shaded, depending on the type of facility selected

SECTION 1: QUESTION 2

Question 2: Does the facility have licensed Assisted Living Program beds?

- Select Yes if the facility is currently licensed as an Assisted Living Program

Note: Projects in queue should not be considered.

SECTION 1: QUESTIONS 3-5

Question 3: Does the facility have licensed Assisted Living Residence beds?

- Select Yes if the facility is currently licensed as an Assisted Living Residence
 - **Note: Projects in queue should not be considered**

Question 4: Operating Certificate Number of the contracted Certified Home Health Agency

Question 5: Operating Certificate Number of the affiliated Licensed Home Care Services Agency

- If the answer to Question 2 is Yes, the response must reflect the information of the Certified Home Health Agency (question 4) and Licensed Home Care Services Agency (question 5) associated with the Assisted Living Program
- If an Assisted Living Program, but there is no contracted Certified Home Health Agency, indicate “N/A” in question 4 and include information on the Licensed Home Care Service Agency in question 5

SECTION 2: QUESTIONS 6-10

Question 6: Beginning Census – TOTAL

- Total number of residents listed on the Daily Census Report at 12:00AM on the first day of the quarterly reporting period. The Daily Census Report must reflect all the residents of the Adult Care Facility unless discharged to the community, nursing homes, etc.

Questions 7-10: Beginning Census for each category of service the facility is licensed/certified to provide at 12:00AM on the first day of the quarterly reporting period.

- Fields will be limited based on answers provided in Section 1

SECTION 3: QUESTIONS 11-21

Questions 11-19: Admissions from various settings to the facility during the reporting period

Question 20: Admissions from other Sources – Specify

- Enter the source of admission if not referenced above

Question 21: Admissions– TOTAL

- Total number of Admissions during the reporting quarter
- This field should be the sum of questions 11-19.

SECTION 4: QUESTIONS 22-33

Questions 22-32a: Discharges to various settings from the facility during the reporting period

Question 33: Discharges – TOTAL

- Total number of Discharges during the reporting quarter
- This field should be the sum of questions 22-32a

SECTION 5: QUESTIONS 34-38a

Question 34: Quarter End Census – TOTAL

- Number of residents listed on the Daily Census Report at 11:59pm on the last day of the quarterly reporting period

Questions 34a -38a: Quarter End Census for each category of service the facility is licensed/certified to provide

- Fields are limited based on answers provided in Section 1
- Responses may not exceed the number entered in Question 34

SECTIONS 6-7: QUESTIONS 39-47

Section 6 - Ending Census Age Category

Question 39-43: Number of Residents by Age Category

- Identify the numbers of residents in the various age categories.

Section 7 - Ending Census Pay Source Category

Questions 44-47: Number of Residents by Payer Source

- Be sure to report **unduplicated** numbers as of the last day of the quarterly reporting period.
 - There are rules that will help to deduplicate data and may cause submission errors

SECTION 8: QUESTION 48

Question 48: Number of Residents with a Diagnosis of Serious Mental Illness (TOTAL)

- Total number of Residents with a Diagnosis of Serious Mental Illness at 11:59pm on the last day of the quarterly reporting period
 - Refer to the definition of Serious Mental Illness at 18 NYCRR Section 487.2(c) and Dear Administrator Letter 13-01 Attachment A

SECTION 8A: QUESTION 49

Total Percent of Serious Mental Illness Residents/Quarter End Census

- This field will automatically calculate a percentage

Question 49 – Transitional Adult Home

- Check the box if the number automatically calculated above is **25 or more** and the licensed capacity of the Adult Home is 80 bed or more
- Please refer to the definition of a Transitional Adult Home
- Transitional Adult Homes will receive additional communication about expectations, including required documentation

SECTION 8B: QUESTIONS 50-54

Question 50-54 – Number of Residents with Diagnoses of Serious Mental Illness

- Complete with the number of residents that meet the Serious Mental Illness definition, by category of service the provider is licensed/certified to provide

SECTION 8C: QUESTIONS 55-57

Questions 55-57: Number of Residents with Diagnoses of Serious Mental Illness receiving or not receiving mental health services

- Complete with the number of residents that meet the Serious Mental Illness definition who are receiving or not receiving mental health services

Question 57: Name/s of the mental health provider/s serving the residents reflected in Question 56

SECTION 8D & 9: QUESTIONS 58-60, ATTESTATION

Section 8D - Ending Census – Serious Mental Illness Services Site

- Questions 58-60: Number of Residents with Diagnoses of Serious Mental Illness receiving mental health services onsite, offsite, or both

Section 9: Quarterly Statistical Information Report – Attestation

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

By clicking “Review and Submit” the reviewer attests to the accuracy and truth of the information

ERROR CHECK

- Errors will be identified and must be corrected for the report to successfully submit
- To modify the data, select the Modify Data button
 - To resubmit, select the Submit Data button
 - If you do not click submit, the data will not be submitted

Failure to submit timely may result in a citation and assessment of a \$100/day penalty

QUESTIONS?
ACFQSIR@HEALTH.NY.GOV



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