

Activity :	LHCSA County Patient Survey 2021
Organization :	Z TEST LHCSA
Form :	LHCSA Patients by County
Data Entity	
Type :	LHCSA
Name :	Z TEST LHCSA
Time Period :	

Name :	Z TEST LHCSA (8888Z888)
Address 1 :	800 North Pearl Street
Address 2 :	room 224
City :	Albany
State & Zip :	NY-12204
County :	Albany (001)
Region :	Capital District Regional Office
Phone & Fax:	518-473-1809 & 518-777-7777

This survey collects the number of LHCSA patients served by your agency by their county of residence for the time period April 1, 2020 - April 1, 2021, and the number of patients on your roster on April 1, 2021.

All LHCSAs are expected to complete this survey.

This form must be completed for each license (each site) your agency operates.

This form consists of a repeating section. To open the repeating section, click SAVE & ADD. Choose one of the counties served by your agency and enter the data for that county. Click SAVE & ADD again to save the data for your first county served and open the fields for your next county. When you have entered data for all the counties served by your agency, click SAVE ALL. Then click REVIEW AND SUBMIT. You will be taken to a review screen where you can review all data entered. You can click MODIFY to change your entries. Once all data is correct, click SUBMIT.

If you have questions, please send an email to hcstrpts@health.ny.gov.

DEFINITIONS:

Unduplicated Patient Count - The number of discrete individual patients that your agency has served during the requested time period, 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.

Patients on Roster on April 1, 2021 - List the number of patients you have on your roster that reside in the county chosen on April 1, 2021. This is the number of patients the LHCSA is actively serving on April 1, 2021. Actively serving means that the agency has a care plan in place for the patient and is providing services to the patient in their home. Services did not have to be provided on April 1; if the patient had a care plan in place on that date, they should be included in the total.

Is your LHCSA affiliated with any of the following programs? (check all that apply):

LHCSAs working with ALP, PACE, NFP or CCRC residents or program participants should not enter these clients in their totals; however, LHCSAs serving any of these program participants who also serve patients outside of these programs should enter the counts of patients served who are NOT in an ALP, PACE, NFP or CCRC in the total for each site and county.

CLICK SAVE & ADD TO OPEN THE REPEATING SECTION BELOW.

LHCSA PATIENTS BY COUNTY**

**Required Fields. ** Repeatable Sections.*

Form Rules: