Survey Registration

Respondent Information

Identification #: 123456
Facility: *TEST SITE*
Survey: HH2
Survey Year: 2024

Respondent First Name: [ ] *
Respondent Last Name: [ ] *
Respondent Phone: [ ] *
Respondent eMail: [ ] *

Respondent Additional eMail: [ ]

Administrator First Name: [ ] *
Administrator Last Name: [ ] *
Administrator Phone: [ ] *
Administrator eMail: [ ] *

Administrator Additional eMail: [ ]

[Save] [Continue]

2024 Instructions for Survey

This survey is for the reporting period: January 1, 2024 through December 31, 2024.

INSTRUCTIONS

The Kentucky Annual Survey of Licensed Home Health Services is required to be completed and submitted via the internet. The printable version of the survey is for your convenience in completing the survey on paper before submitting the data online.

The accuracy and completeness of the data reported in this survey are essential to the process of health planning in Kentucky. It also represents the data requirements as set forth in 900 KAR 6:125. All items must be completed with actual tabulated data before this survey will be considered acceptable. Surveys are due March 15, 2025. All survey extension requests must be approved by the Survey Administrator.

You are responsible for the accuracy of the data reported in this survey. Failure to complete and correct the indicated parts of the survey will result in your facility being reported to the Office of the Inspector General,Division of Health Care for a possible licensure deficiency. Retain a copy of the completed survey for your files.

If there are any questions concerning the preparation of this survey, please contact Michele Bushong (502) 564-5798 or email consurvey@ky.gov.;The published KY Annual Survey Reports may be viewed at: https://chfs.ky.gov/agencies/os/oig/dcn/Pages/annualreports.aspx.

GENERAL INSTRUCTIONS

The Cabinet for Health and Family Services is collecting home health data for the January 1 through December 31, 2024 survey period. The survey consists of the following sections to collect data from Home Health Services, ESPDT, Model Waiver II and Private Duty Nursing. Do not report data related to Homecare or Hospice. Report only Kentucky counties served in 2024. Please report the required data by the following definitions for each section.

Traditional Home Health Services

This section shall only include data regarding traditional home health services. Do not include EPSDT, HCBS or Model Waiver II. Private Duty Nursing provided under your home health services license shall be included in this section where indicated.

Agency Census, Admissions & Discharges January 1, 2024 - December 31, 2024

Beginning Census - Enter the number of unduplicated patients admitted for services as of January 1, 2024, by county. (Patients carried over from 2023)

Admissions During 2024 - Enter the total number of admissions made from January 1, 2024 to December 31, 2024, by county (including re-admissions).

Discharges During 2024 - Enter the number of total discharges (including deaths) made from January 1, 2024 to December 31, 2024, by county.

Ending Census - Enter the number of unduplicated patients admitted for services as of December 31, 2024, by county. (Beginning Census + Admissions - Discharges = Ending Census).

Number of Patients Served by Age Group by County: Count one time each unduplicated patient who was seen by a Skilled Nurse (RN/LPN), a therapist, or a Home Health Aide during the reporting period, i.e., a patient seen during this period shall be counted once. Enter the correct number of patients served in the appropriate age group and county. The total patients served shall not be greater than the beginning census + admissions in the Traditional Home Health census. Traditional Home Health Private Duty Nursing shall be counted separately by age groups.

Number of Patients and Visits by Service by County: Enter the number of patients served by each discipline in each county in the appropriate box and the total number of visits delivered by that discipline in that county.

Traditional Private Duty Nursing: Enter the number of patients who were served by an RN, LPN or Nursing Assistant during the reporting period. Report each unit of service in 1 hour increments. Traditional Private Duty Nursing services are those that are provided under the Home Health license. Do not include Private Duty Nursing Services under EPSDT.

Home Health Notes:

Home Health patients are defined as those receiving a skilled or non-skilled home health service provided under physician's orders. A Home Health visit is defined as services provided by a trained nurse, through a licensed home health agency, who gives medical care and advice to patients in their place of residence that is prescribed by the patient's attending physician as part of a written plan of care.

EPSDT - Early Periodic Screening and Diagnostic Testing

Agency Census, Admissions & Discharges January 1, 2024 - December 31, 2024: Enter census data for EPSDT therapy services data only. Enter beginning census, admissions, discharges and ending census. See above for clarification. This section shall include EPSDT therapy services data only. EPSDT Private Duty Nursing services provided shall be included in this section where indicated.

Number of Patients Served by Age Group by County: Count one time each unduplicated patient who was served under EPSDT therapy services or Private Duty Nursing services. Enter the correct number of patients served in the appropriate age group and county. The total patients served shall not be greater than the beginning census + admissions in each category.

Number of EPSDT Patients and Visits by Service by County: Enter the number of EPSDT patients served by each discipline in each county in the appropriate box and the total number of visits delivered by that discipline in that county.

EPSDT Private Duty Nursing: Enter the number of patients who were served by an RN, LPN or Nursing Assistant during the reporting period. Report each unit of service in 1 hour increments. EPSDT Private Duty Nursing services are those that are provided under the Home Health license number.

Model Waiver II Services

Agency Census, Admissions & Discharges January 1, 2024 - December 31, 2024: Enter census data for Model Waiver II services. Enter beginning census, admissions, discharges and ending census. See above for clarification. This section shall include Model Waiver II services data only.

Number of Model Waiver II Patients Served by Age Group by County: Count one time each unduplicated patient who was served under Model Waiver II during this period. A patient shall be counted once. Enter the correct number of patients served in the appropriate age group and county. Leave all other cells blank. The total patients served shall not be greater than the beginning census + admissions in the Model Waiver II census.

Number of Model Waiver II Patients and Units by Service by County: Enter the number of Model Waiver II services patients served by each discipline in each county in the appropriate box and the total number of units of service delivered by that discipline in that county. Report units of service in 1 hour increments.

Continue

Michele Bushong
Cabinet for Health and Family Services
(502) 564-5798
consurvey@ky.gov

2024 Home Health II Survey

County Selection

License Number: 123456 Agency: *TEST SITE*

County [⌄] *

[Finished]

Completed Counties

Completed County List for Traditional Home Health Services					
County	Beginning Census	Admissions	Discharges	Ending Census	

2024 Home Health II Survey

License Number: 123456 Agency: *TEST SITE* County: GREENUP

Agency Census, Admissions and Discharges January 1, 2024- December 31, 2024:
This section should only include data regarding traditional home health services and traditional Private Duty Nursing. Do not include EPSDT, HCBS or Model Waiver II. Private Duty Nursing provided under traditional home health services should be reported in separate census and service category.

Agency Census, Admissions and Discharges Jan 1, 2024- Dec 31, 2024: Home Health Services

Enter census data for Traditional Home Health services. Do not include Private Duty Nursing services census in this area.

Beginning Census	0	*
Admissions	0	*
Discharges	0	*
Ending Census	0	Calculate

Agency Census, Admissions and Discharges Jan 1, 2024- Dec 31, 2024: Private Duty Nursing

Enter census data for Traditional Home Health Private Duty Nursing services.

Beginning Census	0	*
Admissions	0	*
Discharges	0	*
Ending Census	0	Calculate

Number of Patients Served by Age Group and Payor by County: Home Health

Number of Patients Served by Age Group and Payor by County: Count one time each unduplicated patient who was served by a Skilled Nurse (RN/LPN), a therapist, or a Home Health Aide during the reporting period. The total patients served should not be greater than the beginning census + admissions in each category. Traditional Private Duty Nursing should be counted separately by age groups.

Home Health

Age Group	Medicare	Medicare Advantage	Traditional Medicaid	Medicaid Managed Care Organization	Commercial Insurance	Private Pay	Other
Ages <1	0	0	0	0	0	0	0
Ages 1-5	0	0	0	0	0	0	0
Ages 6-14	0	0	0	0	0	0	0
Ages 15-20	0	0	0	0	0	0	0
Ages 21-32	0	0	0	0	0	0	0
Ages 33-44	0	0	0	0	0	0	0
Ages 45-64	0	0	0	0	0	0	0
Ages 65-74	0	0	0	0	0	0	0
Ages 75-84	0	0	0	0	0	0	0
Ages 85+	0	0	0	0	0	0	0
Total Patients Served	0	0	0	0	0	0	0

Number of Patients Served by Age Group and Payor by County: Count one time each unduplicated patient who was served by a Skilled Nurse (RN/LPN), a therapist, or a Home Health Aide during the reporting period. The total patients served should not be greater than the beginning census + admissions in each category. Traditional Private Duty Nursing should be counted separately by age groups.

Private Duty Nursing

Age Group	Medicare	Medicare Advantage	Traditional Medicaid	Medicaid Managed Care Organization	Commercial Insurance	Private Pay	Other
Ages <1	0	0	0	0	0	0	0
Ages 1-5	0	0	0	0	0	0	0
Ages 6-14	0	0	0	0	0	0	0
Ages 15-20	0	0	0	0	0	0	0
Ages 21-32	0	0	0	0	0	0	0
Ages 33-44	0	0	0	0	0	0	0
Ages 45-64	0	0	0	0	0	0	0
Ages 65-74	0	0	0	0	0	0	0
Ages 75-84	0	0	0	0	0	0	0
Ages 85+	0	0	0	0	0	0	0
Total Patients Served	0	0	0	0	0	0	0

Enter the number of patients served by each discipline in each county in the appropriate box and the total number of visits delivered by that discipline in that county. Each individual discipline, Patient Served Totals, cannot exceed the unduplicated Total Patients Served by Age.

Traditional HH Services	Patients Served		Number of Visits	
Skilled Nursing	0	*	0	*
Home Health Aide	0	*	0	*
Physical Therapy	0	*	0	*
Occupational Therapy	0	*	0	*
Speech Therapy	0	*	0	*
Respiratory Therapy	0	*	0	*

Enter the number of patients who were served by an RN, LPN or Nursing Assistant during the reporting period. Report each unit of service in 1 hour increments.

Traditional Private Duty Nursing	Patients Served		Units in 1 hr Increments	
RN	0	*	0	*
LPN	0	*	0	*
Nursing Assistant	0	*	0	*
Respiratory Therapy PDN	0	*	0	*

of 1000

Traditional Private Duty Nursing Comment:

of 1000

Save

2024 Home Health II Survey

License Number: 123456 Agency: *TEST SITE* County: GREENUP

Agency Census, Admissions and Discharges January 1, 2024- December 31, 2024:
This section should include EPSDT services data only.

Agency Census, Admissions and Discharges Jan 1, 2024- Dec 31, 2024: EPSDT Services

Enter census data for EPSDT therapy services. Enter beginning census, admissions, discharges and ending census.

Beginning Census [0] *
Admissions [0] *
Discharges [0] *
Ending Census [0] [Calculate]

Agency Census, Admissions and Discharges Jan 1, 2024- Dec 31, 2024: EPSDT Pivate Duty Nursing

Enter census data for EPSDT Private Duty Nursing Services only.

Beginning Census [0] *
Admissions [0] *
Discharges [0] *
Ending Census [0] [Calculate]

Number of Patients Served by Age Group by County: EPSDT Theropy

Count one time each unduplicated patient who was served under EPSDT therapy and/or Private Duty Nursing services. Enter the correct number of patients served in the appropriate age group and county. The total patients served should not be greater than the beginning census + admissions in each category.

EPSDT Theropy

Age Group	Medicare	Medicare Advantage	Traditional Medicaid	Medicaid Managed Care Organization	Commercial Insurance	Private Pay	Other
Ages <1	0	0	0	0	0	0	0
Ages 1-5	0	0	0	0	0	0	0
Ages 6-14	0	0	0	0	0	0	0
Ages 15-20	0	0	0	0	0	0	0
Ages 21-32	0	0	0	0	0	0	0
Ages 33-44	0	0	0	0	0	0	0
Ages 45-64	0	0	0	0	0	0	0
Ages 65-74	0	0	0	0	0	0	0
Ages 75-84	0	0	0	0	0	0	0
Ages 85+	0	0	0	0	0	0	0
Total Patients Served	0	0	0	0	0	0	0

Number of Patients Served by Age Group and Payor by County: EPSDT Private Duty Nursing

Count one time each unduplicated patient who was served under EPSDT therapy and/or Private Duty Nursing services. Enter the correct number of patients served in the appropriate age group and county. The total patients served should not be greater than the beginning census + admissions in each category.

EPSDT Private Duty Nursing

Age Group	Medicare	Medicare Advantage	Traditional Medicaid	Medicaid Managed Care Organization	Commercial Insurance	Private Pay	Other
Ages <1	0	0	0	0	0	0	0
Ages 1-5	0	0	0	0	0	0	0
Ages 6-14	0	0	0	0	0	0	0
Ages 15-20	0	0	0	0	0	0	0
Ages 21-32	0	0	0	0	0	0	0
Ages 33-44	0	0	0	0	0	0	0
Ages 45-64	0	0	0	0	0	0	0
Ages 65-74	0	0	0	0	0	0	0
Ages 75-84	0	0	0	0	0	0	0
Ages 85+	0	0	0	0	0	0	0
Total Patients Served	0	0	0	0	0	0	0

Number of EPSDT Patients and Visits by Service by County:

Enter the number of EPSDT patients served by each discipline in each county in the appropriate box and the total number of visits delivered by that discipline in that county.

EPSDT Services Only	Patients Served		Number of Visits	
Physical Therapy	0	*	0	*
Occupational Therapy	0	*	0	*
Speech Therapy	0	*	0	*
Respiratory Therapy	0	*	0	*

EPSDT Private Duty Nursing Services:

Enter the number of patients who were served by an RN, LPN or Nursing Assistant during the reporting period. Report each unit of service in 1 hour increments.

EPSDT Only Private Duty Nursing	Patients Served		Units in 1 hr Increments	
RN	0	*	0	*
LPN	0	*	0	*
Nursing Assistant	0	*	0	*

EPSDT Comment:

of 1000

EPSDT Private Duty Nursing Comment:

of 1000

Save

2024 Home Health II Survey

License Number: 123456 Agency: *TEST SITE* County: GREENUP

Agency Census, Admissions and Discharges January 1, 2024- December 31, 2024:
This section should only include data regarding Model Waiver II.

Agency Census, Admissions and Discharges Jan 1, 2024- Dec 31, 2024:

Enter census data for Model Waiver II services. This section should include Model Waiver II services data only.

Beginning Census	0	*
Admissions	0	*
Discharges	0	*
Ending Census	0	[Calculate]

Number of Model Waiver II Patients Served by Age Group by County:

Count one time each unduplicated patient who was served under Model Waiver II. Enter the correct number of patients served in the appropriate age group and county. The total patients served should not be greater than the beginning census + admissions in the Model Waiver II census.

Age Groups	Model Waiver II	
Ages <1	0	*
Ages 1-5	0	*
Ages 6-14	0	*
Ages 15-20	0	*
Ages 21-32	0	*
Ages 33-44	0	*
Ages 45-64	0	*
Ages 65-74	0	*
Ages 75-84	0	*
Ages 85+	0	*
Total Patients Served	0	[Calculate]

Number of Model Waiver II Patients and Units by Service by County:

Enter the number of Model Waiver II services patients served by each discipline in each county in the appropriate box and the total number of units of service delivered by that discipline in that county. Report units of service in 1 hour increments.

Model Waiver II Services Only	Patients Served		Units in 1hr Increments	
LPN	0	*	0	*
RN	0	*	0	*

Model Waiver II Comment:

of 1000

Save

Home Health II Survey for 2024

Thank you for completing the survey.

On behalf of the administration of *TEST SITE*, I certify that the information contained in this report is complete and accurate. After reviewing the information contained in this report, I hereby submit it as an official record of the facility's activity in compliance with 900 KAR 6:125.

Only verify once the survey is completed.

Once data is complete, verification notices will be emailed to the state and to your facility's respondent and administrator. If the respondent or administrator does not receive this confirmation it is likely that their email address was not included or had a typo in the registration section of this survey. In this case, please contact Division of CON at consurvey@ky.gov or (502) 564-5798 so this can be corrected.

Respondent Name:
Administrator Name:
Original Completion Date:

By clicking this button you are indicating that this survey is complete. You will not be able to change any of the data.

Verify and Submit to State	Print

Incomplete Survey(s)

Facility's Survey(s)			
Year	**Survey**	**Equipment**	**Printable Survey**
2024	**Ambulatory Surgery II**		**Print Ambulatory Surgery II**
2024	**Chemical Dependency**		**Print Chemical Dependency**
2024	**Home Health II**		**Print Home Health II**
2024	**Hospice**		**Print Hospice**
2024	**Hospital**		**Print Hospital**
2024	**Long Term Care**		**Print Long Term Care**
2024	**Magnetic Resonance Imaging**	**Equip for MRI**	**Print Magnetic Resonance Imaging**
2024	**Megavoltage Radiation (Linear Accelerator)**		**Print Megavoltage Radiation (Linear Accelerator)**
2024	**Positron Emission Tomography**		**Print Positron Emission Tomography**
2024	**Private Duty Nursing**		**Print Private Duty Nursing**
2024	**Psychiatric Residential Treatment Facility**		**Print Psychiatric Residential Treatment Facility**