

# Kentucky Health Survey Registry

## Welcome

Good afternoon!

This application supports the entry and tracking of survey information relating to the health care utilization and service.

**Please Note: 2019 was not a leap year and reported data should account for 365 days.**

License #:  \*

Password:  \*

Re-enter Password:  \*

## Contact Information

For KY Health Survey program support, please contact:

Cabinet for Health and Family Services  
275 East Main St. 4 WE  
Frankfort KY 40621

Contacts for survey.

Survey	Contact	Phone #	eMail Address
Ambulatory Surgery II	Elizabeth Tutt	(502) 564-7940 x 3156	<a href="mailto:ElizabethA.Tutt@ky.gov">ElizabethA.Tutt@ky.gov</a>
Chemical Dependency	Elizabeth Tutt	(502) 564-7940 X 3156	<a href="mailto:ElizabethA.Tutt@ky.gov">ElizabethA.Tutt@ky.gov</a>
Home Health II	Elizabeth Tutt	(502) 564-7940 x 3156	<a href="mailto:ElizabethA.Tutt@ky.gov">ElizabethA.Tutt@ky.gov</a>
Hospice	Elizabeth Tutt	(502) 564-7940 x 3156	<a href="mailto:ElizabethA.Tutt@ky.gov">ElizabethA.Tutt@ky.gov</a>
Hospital	Elizabeth Tutt	(502) 564-7940 x 3156	<a href="mailto:ElizabethA.Tutt@ky.gov">ElizabethA.Tutt@ky.gov</a>
Long Term Care	Elizabeth Tutt	(502) 564-7940 x 3156	<a href="mailto:ElizabethA.Tutt@ky.gov">ElizabethA.Tutt@ky.gov</a>
Megavoltage Radiation (Linear Accelerator)	Elizabeth Tutt	(502) 564-7940 x 3156	<a href="mailto:ElizabethA.Tutt@ky.gov">ElizabethA.Tutt@ky.gov</a>
Magnetic Resonance Imaging	Elizabeth Tutt	(502) 564-7940 x 3156	<a href="mailto:ElizabethA.Tutt@ky.gov">ElizabethA.Tutt@ky.gov</a>
Private Duty Nursing	Elizabeth Tutt	(502) 564-7940 x 3156	<a href="mailto:ElizabethA.Tutt@ky.gov">ElizabethA.Tutt@ky.gov</a>
Positron Emission Tomography	Elizabeth Tutt	(502) 564-7940 x 3156	<a href="mailto:ElizabethA.Tutt@ky.gov">ElizabethA.Tutt@ky.gov</a>
Psychiatric Residential Treatment Facility	Elizabeth Tutt	(502) 564-7940 x 3156	<a href="mailto:ElizabethA.Tutt@ky.gov">ElizabethA.Tutt@ky.gov</a>

# Survey Registration

## Registration Information

**License #:** 123456  
**Facility:** Test Production Sites  
**Street 1:**  \*  
**Street 2:**   
**City:**  \*  
**State:**  \*  
**Zip:**  \*-   
**County:**  \* Required if KY address

## Available Survey(s) for Current Survey Year

- If a survey does not appear for completion, please contact the Office of Health Data Analytics at (502) 564-7940. Required reporting includes; Hospitals, Ambulatory Surgery, Magnetic Resonance Imaging, Megavoltage Radiation, Positron Emission Tomography, Home Health, Hospice, Long Term Care, Chemical Dependency, Private Duty Nursing and Psychiatric Residential Treatment Facilities. If a service is conducted under a different license number from a Hospital then the survey will be provided under that specific number. Select current survey under Survey Completion below. Input survey data and submit to state for each survey below.
- Survey deadline March 30.

**Please Note: 2019 was not a leap year and reported data should account for 365 days.**

### Facility's Survey(s)

Year	Complete Date	Survey Completion	Equipment	Blank Downloadable
2019		<u>Ambulatory Surgery II</u>		
2019		<u>Chemical Dependency</u>		
2019		<u>Home Health II</u>		
2019		<u>Hospice</u>		
2019		<u>Hospital</u>		
2019		<u>Long Term Care</u>		
2019		<u>Magnetic Resonance Imaging</u>	<u>Equip for MRI</u>	
2019		<u>Megavoltage Radiation (Linear Accelerator)</u>		
2019		<u>Positron Emission Tomography</u>		
2019		<u>Private Duty Nursing</u>		
2019		<u>Psychiatric Residential Treatment Facility</u>		

# Survey Registration

## Respondent Information

**Identification #:** 123456

**Facility:** Test Production Sites

**Survey:** HH2

**Survey Year:** 2019 ▼

**Respondent First Name:**  \*

**Respondent Last Name:**  \*

**Respondent Phone:**  \*

**Respondent eMail:**  \*

**Administrator First Name:**  \*

**Administrator Last Name:**  \*

**Administrator Phone:**  \*

**Administrator eMail:**  \*

**Save**

**Continue**

# 2019 Instructions for Survey

## Home Health II

This survey is for the reporting period: January 1, 2019 through December 31, 2019.

### 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 30, 2020. 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 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 Elizabeth Tutt (502) 564-7940 or email [ElizabethA.Tutt@ky.gov](mailto:ElizabethA.Tutt@ky.gov). The published KY Annual Survey Reports may be viewed at: <https://chfs.ky.gov/agencies/ohda/Pages/annualreports.aspx>.

### GENERAL INSTRUCTIONS

The Cabinet for Health and Family Services is collecting home health data for the January 1 through December 31, 2019 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 2019. 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, 2019 - December 31, 2019

Beginning Census - Enter the number of unduplicated patients admitted for services as of January 1, 2019, by county. (Patients carried over from 2018)

Admissions During 2019 - Enter the total number of admissions made from January 1, 2019 to December 31, 2019, by county (including re-admissions).

Discharges During 2019 - Enter the number of total discharges (including deaths) made from January 1, 2019 to December 31, 2019, by county.

Ending Census - Enter the number of unduplicated patients admitted for services as of December 31, 2019, 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, 2019 - December 31, 2019: 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, 2019 - December 31, 2019: 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](#)

### Survey Administrator Information

Elizabeth Tutt  
Cabinet for Health and Family Services  
(502) 564-7940 x 3156  
[ElizabethA.Tutt@ky.gov](mailto:ElizabethA.Tutt@ky.gov)

# 2019 Home Health II Survey

## County Selection

License Number: 123456 Agency: Test Production Sites

County 

▼

 \*

Finished

## Completed Counties

Completed County List for Traditional Home Health Services						
	County	Beginning Census	Admissions	Discharges	Ending Census	
Select		0	0	0	0	Delete

# 2019 Home Health II Survey

## Section I: Traditional Home Health Services

License Number: 123456 Agency: Test Production Sites County:

### Agency Census, Admissions & Discharges January 1, 2019- December 31, 2019:

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 & Discharges Jan 1, 2019- Dec 31, 2019: HHA

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

**Beginning Census**  \*

**Admissions**  \*

**Discharges**  \*

**Ending Census**

### Agency Census, Admissions & Discharges Jan 1, 2019- Dec 31, 2019: PDN

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

**Beginning Census**  \*

**Admissions**  \*

**Discharges**  \*

**Ending Census**

### Number of Patients Served by Age Group by County:

Number of Patients Served by Age Group 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.

Age Groups	Home Health	Private Duty Nursing
Ages <1	<input type="text" value="0"/> *	<input type="text" value="0"/> *
Ages 1-5	<input type="text" value="0"/> *	<input type="text" value="0"/> *
Ages 6-14	<input type="text" value="0"/> *	<input type="text" value="0"/> *
Ages 15-20	<input type="text" value="0"/> *	<input type="text" value="0"/> *
Ages 21-32	<input type="text" value="0"/> *	<input type="text" value="0"/> *
Ages 33-44	<input type="text" value="0"/> *	<input type="text" value="0"/> *
Ages 45-64	<input type="text" value="0"/> *	<input type="text" value="0"/> *
Ages 65-74	<input type="text" value="0"/> *	<input type="text" value="0"/> *
Ages 75-84	<input type="text" value="0"/> *	<input type="text" value="0"/> *
Ages 85+	<input type="text" value="0"/> *	<input type="text" value="0"/> *
Total Patients Served	<input type="text" value="0"/>	<input type="text" value="0"/> <input type="button" value="Calculate"/>

**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.

<b>Traditional HH Services</b>	<b>Patient Served</b>	<b>Number of Visits</b>
<b>Skilled Nursing</b>	<input type="text" value="0"/> *	<input type="text" value="0"/> *
<b>Home Health Aide</b>	<input type="text" value="0"/> *	<input type="text" value="0"/> *
<b>Physical Therapy</b>	<input type="text" value="0"/> *	<input type="text" value="0"/> *
<b>Occupational Therapy</b>	<input type="text" value="0"/> *	<input type="text" value="0"/> *
<b>Speech Therapy</b>	<input type="text" value="0"/> *	<input type="text" value="0"/> *
<b>Respiratory Therapy</b>	<input type="text" value="0"/> *	<input type="text" value="0"/> *

**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.

<b>Traditional Private Duty Nursing</b>	<b>Patient Served</b>	<b>Units in 1 hr Increments</b>
<b>RN</b>	<input type="text" value="0"/> *	<input type="text" value="0"/> *
<b>LPN</b>	<input type="text" value="0"/> *	<input type="text" value="0"/> *
<b>Nursing Assistant</b>	<input type="text" value="0"/> *	<input type="text" value="0"/> *

**Traditional Home Health Comment:**

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**Traditional Private Duty Nursing Comment:**

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**Save**



# 2019 Home Health II Survey

## Section II: EPSDT - Early Periodic Screening and Diagnostic Testing

License Number: 123456 Agency: Test Production Sites County:

### Agency Census, Admissions & Discharges January 1, 2019- December 31, 2019:

This section should include EPSDT services data only.

### Agency Census, Admissions & Discharges Jan 1, 2019- Dec 31, 2019:

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

**Beginning Census**  \*

**Admissions**  \*

**Discharges**  \*

**Ending Census**

### Agency Census, Admissions & Discharges Jan 1, 2019- Dec 31, 2019:

Enter census data for EPSDT Private Duty Nursing Services only.

**Beginning Census**  \*

**Admissions**  \*

**Discharges**  \*

**Ending Census**

### Number of Patients Served by Age Group by County:

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.

Age Groups	EPSDT Therapy	EPSDT Private Duty Nursing
Ages <1	<input type="text" value="0"/> *	<input type="text" value="0"/> *
Ages 1-5	<input type="text" value="0"/> *	<input type="text" value="0"/> *
Ages 6-14	<input type="text" value="0"/> *	<input type="text" value="0"/> *
Ages 15-20	<input type="text" value="0"/> *	<input type="text" value="0"/> *
Ages 21-32	<input type="text" value="0"/> *	<input type="text" value="0"/> *
Ages 33-44	<input type="text" value="0"/> *	<input type="text" value="0"/> *
Ages 45-64	<input type="text" value="0"/> *	<input type="text" value="0"/> *
Ages 65-74	<input type="text" value="0"/> *	<input type="text" value="0"/> *
Ages 75-84	<input type="text" value="0"/> *	<input type="text" value="0"/> *
Ages 85+	<input type="text" value="0"/> *	<input type="text" value="0"/> *
Total Patients Served	<input type="text" value="0"/>	<input type="text" value="0"/> <input type="button" value="Calculate"/>

**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.

<b>EPSDT Services Only</b>	<b>Patient Served</b>	<b>Number of Visits</b>
<b>Physical Therapy</b>	<input type="text" value="0"/> *	<input type="text" value="0"/> *
<b>Occupational Therapy</b>	<input type="text" value="0"/> *	<input type="text" value="0"/> *
<b>Speech Therapy</b>	<input type="text" value="0"/> *	<input type="text" value="0"/> *
<b>Respiratory Therapy</b>	<input type="text" value="0"/> *	<input type="text" value="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.

<b>EPSDT Only Private Duty Nursing</b>	<b>Patient Served</b>	<b>Units in 1 hr Increments</b>
<b>RN</b>	<input type="text" value="0"/> *	<input type="text" value="0"/> *
<b>LPN</b>	<input type="text" value="0"/> *	<input type="text" value="0"/> *
<b>Nursing Assistant</b>	<input type="text" value="0"/> *	<input type="text" value="0"/> *

**EPSDT Comment:**

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**EPSDT Private Duty Nursing Comment:**

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Save

## 2019 Home Health II Survey

### Section III: Model Waiver II Services

License Number: 123456 Agency: Test Production Sites County:

#### Agency Census, Admissions & Discharges January 1, 2019- December 31, 2019:

This section should only include data regarding Model Waiver II.

#### Agency Census, Admissions & Discharges Jan 1, 2019- Dec 31, 2019:

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

<b>Beginning Census</b>	<input type="text" value="0"/>	*
<b>Admissions</b>	<input type="text" value="0"/>	*
<b>Discharges</b>	<input type="text" value="0"/>	*
<b>Ending Census</b>	<input type="text" value="0"/>	

#### 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	
<b>Ages &lt;1</b>	<input type="text" value="0"/> *
<b>Ages 1-5</b>	<input type="text" value="0"/> *
<b>Ages 6-14</b>	<input type="text" value="0"/> *
<b>Ages 15-20</b>	<input type="text" value="0"/> *
<b>Ages 21-32</b>	<input type="text" value="0"/> *
<b>Ages 33-44</b>	<input type="text" value="0"/> *
<b>Ages 45-64</b>	<input type="text" value="0"/> *
<b>Ages 65-74</b>	<input type="text" value="0"/> *
<b>Ages 75-84</b>	<input type="text" value="0"/> *
<b>Ages 85+</b>	<input type="text" value="0"/> *
<b>Total Patients Served</b>	<input type="text" value="0"/> <input type="button" value="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	Patient Served	Units in 1hr Increments
<b>LPN</b>	<input type="text" value="0"/> *	<input type="text" value="0"/> *
<b>RN</b>	<input type="text" value="0"/> *	<input type="text" value="0"/> *

**Model Waiver II Comment:**

of 1000

**Save**

# Home Health II Survey for 2019

## Survey Data Verification

Thank you for completing the survey.

On behalf of the administration of Test Production Sites, 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 the Office of Health Data Analytics 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
2019	<u>Ambulatory Surgery II</u>		Print Ambulatory Surgery II
2019	<u>Chemical Dependency</u>		Print Chemical Dependency
2019	<u>Home Health II</u>		Print Home Health II
2019	<u>Hospice</u>		Print Hospice
2019	<u>Hospital</u>		Print Hospital
2019	<u>Long Term Care</u>		Print Long Term Care
2019	<u>Magnetic Resonance Imaging</u>	<u>Equip for MRI</u>	Print Magnetic Resonance Imaging
2019	<u>Megavoltage Radiation (Linear Accelerator)</u>		Print Megavoltage Radiation (Linear Accelerator)
2019	<u>Positron Emission Tomography</u>		Print Positron Emission Tomography
2019	<u>Private Duty Nursing</u>		Print Private Duty Nursing
2019	<u>Psychiatric Residential Treatment Facility</u>		Print Psychiatric Residential Treatment Facility