



# **EMERGENCY PREPAREDNESS, AND DOH STATISTICAL REPORTING OVERVIEW**

*June 2019*

***Welcome to this month's webinar!***

*We will begin momentarily...*

*In the meantime, if you have a question please key it into the bottom of your screen, or send email to [NYWebinarSeries@Sandata.com](mailto:NYWebinarSeries@Sandata.com)*

- ◆ Your Hosts today:
  - Franklin Boyd – Facilitator
  - Rossana Follender – Speaker
  - Lisa Pares – Speaker
- ◆ Today's webinar will run approximately 30 minutes, including Q&A. In the lower right corner of your screen you will be able to type in questions. Time permitting, our facilitators will answer them near the end of the session.

# AGENDA

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1. Emergency Preparedness
  - A. Disaster Levels - Patient Classification Levels
  - B. TAL Codes and Subcategories
  - C. Flood Zones
  - D. Emergency Equipment
  - E. Reporting
2. DOH Statistical Report Workflow



# EMERGENCY PREPAREDNESS REPORTING

# Emergency Plan

## Emergency Preparedness

*“Maintain continuity of care to patients, maintain the agency’s ability to operate, ensure patient and staff safety, maximize resources, and ensure an orderly response to an emergency situation”*

### DAL: DHCBS 16-11

- ◆ Patient Roster
- ◆ Employee Call Down Lists
- ◆ Emergency Communications procedure
- ◆ Contact List of Community Partners
- ◆ Policies & Procedures

[https://www.health.ny.gov/facilities/home\\_care/docs/dal\\_and\\_directives.pdf](https://www.health.ny.gov/facilities/home_care/docs/dal_and_directives.pdf)

# Patient Roster Requirements

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- ◆ Patient Name, Address and Telephone Number
- ◆ Emergency Contact Telephone Number of Family, Caregiver and/or Healthcare Proxy
- ◆ Patient Classification Level (Disaster Level)
- ◆ Transportation Assistance Level (TAL)
- ◆ Identification of Patients Dependent on a Ventilator
- ◆ Identification of Patients Dependent on Electricity
- ◆ Any other specific patient information that may be critical to first responders

# Emergency Preparedness Codes

Main Menu > Client > Select Client > Personal

Adams, Adam (PN-0000005-HO) Save Close

- Client
  - Overview
  - Personal**
  - Contacts
  - Medical
  - Medications
  - Documents
  - Directions
- Chart
  - General
  - Documents
  - Schedules
  - Permanent
  - Compliance
  - Invoices
  - Attachments
  - Conference
  - Periods
  - Plan of Care
- Period: 3
- Period: 2
- Period: 1
- Quick Reports
- Warnings

**Name**

Title:

First Name: Henry

Middle Init:

\* Last Name: Adams

Suffix:

**Other Information**

Birthdate: 08/18/1938

SSN: 456-67-7887

Marital: W- Widowed

Gender: 1- Male

Language: ENG- English

Ethnicity: CAU- Caucasian

Religion:

**Current/Billing Address**

Name:

Address: 26 Continental Ave

Apt.:

City: East Northport

State: NY Zip: 11731-\_\_\_\_

County: Suffolk

Region:

Type:

**Evacuation Zone:** AE- FEMA zone AE

**Phone Numbers, Etc.**

Home: (757)555-2665

Mobile: ( ) - -

Work: ( ) - -

Fax: ( ) - -

GPS: 40.842602, -73.320322

Email:  Mobile:

**Images (0/0)**

**Staff Excluded from Client**

Staff Name	Agency ID	Exclusion Type	Reason for Exclusion

**Agency Designations**

Disaster Lvl: 01- Critical

DNR: 02- No

DNR Date: / /

Transportation Assistance Level: 1A- TAL-1 Non-ambulatory - Stretcher

Last Updated: / /

Other ID:

**Attributes**

Name	Properties	Req?

# Patient Classification Levels (Disaster Level)

## ◆ Level 1 – HIGH Priority

Patients in this priority level need uninterrupted services

## ◆ Level 2 – MODERATE Priority

Services for patients at this priority level may be postponed with telephone contact

## ◆ Level 3 – LOW Priority

The patient may be stable and has access to informal resources to help them

### Client > Personal

Agency Designations

Disaster Lvl: 01- Critical

DNR: 02- No

DNR Date: / /

### Admin > System Setup > Value Items > Disaster

Value Items : Disaster				
Value	Name	Default	Third Party ID	Active
01	Critical	<input checked="" type="checkbox"/>	01	<input checked="" type="checkbox"/>
02	Moderate	<input type="checkbox"/>	02	<input checked="" type="checkbox"/>
03	Safe	<input type="checkbox"/>	03	<input checked="" type="checkbox"/>
04	Unknown	<input type="checkbox"/>	04	<input checked="" type="checkbox"/>

# Transportation Assistance Levels (TALs)

## ◆ 1 – Non Ambulatory

Unable to be moved in a seated position & may require equipment.

- Non-ambulatory-Stretcher
- Non-ambulatory-Vent
- Non-ambulatory-Bariatric

## ◆ 2 – Wheelchair

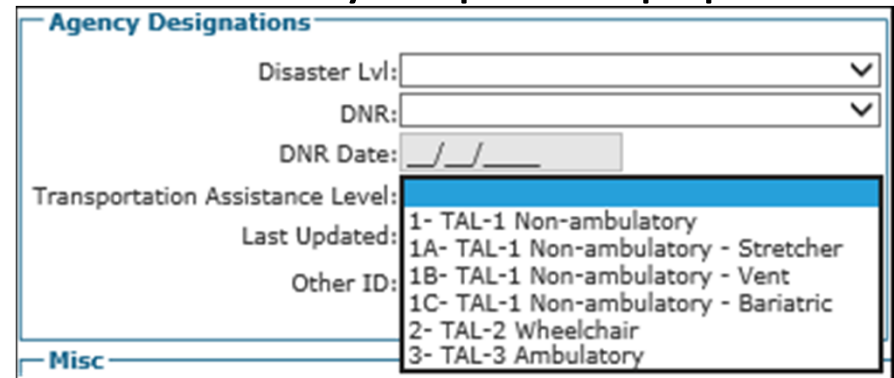
Unable to walk and do not require attached medical equipment

## ◆ 3 – Ambulatory

Able to walk at a reasonable pace without physical assistance

***Last Updated:*** This field will automatically update each time a TAL is selected and then ***Save*** is selected.

**\*\*Registered Nurses should be determining TALs during Supervisory and Nurse Assessments Visits.**



Agency Designations

Disaster Lvl:

DNR:

DNR Date:

Transportation Assistance Level:

Last Updated:

Other ID:

Misc

1- TAL-1 Non-ambulatory
1A- TAL-1 Non-ambulatory - Stretcher
1B- TAL-1 Non-ambulatory - Vent
1C- TAL-1 Non-ambulatory - Bariatric
2- TAL-2 Wheelchair
3- TAL-3 Ambulatory

## Flood Zone:

- ◆ This field must be populated with the clients corresponding flood zone.
- ◆ Options defined in **Value Items**

Evacuation Zone:	<input type="text"/>
Phone Numbers, E	
Home:	<input type="text"/>
Mobile:	<input type="text"/>
Work:	<input type="text"/>

1- NYC Zone 1  
2- NYC Zone 2  
3- NYC Zone 3  
4- NYC Zone 4  
5- NYC Zone 5  
AE- FEMA zone AE

## NY Flood and Evacuation zone links:

- ◆ Federal Emergency Management Agency (FEMA):  
<https://msc.fema.gov/portal/>
- ◆ NYC Hurricane Zone Map: <https://maps.nyc.gov/hurricane/>
- ◆ Long Island & Westchester Hurricane Surge Map:  
[http://www.longisland.com/site\\_media/maps/storm-surge-map.pdf](http://www.longisland.com/site_media/maps/storm-surge-map.pdf)

Navigation

Search

Languages

MSC Home

MSC Search by Address

MSC Search All Products

MSC Products and Tools

    Hazus

    LOMC Batch Files

    Product Availability

MSC Frequently Asked Questions (FAQs)

MSC Email Subscriptions

Contact MSC Help

## FEMA Flood Map Service Center: Search By Address

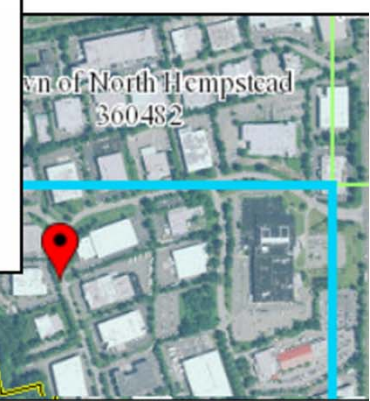
Enter an address, place, or coordinates: ?

602 Surf Ave, Brooklyn, NY 11224 Search

Search Results—Products for **NEW YORK, CITY OF** Show ALL Products >

The flood map for the selected area is number **3604970353F**, effective on **09/05/2007** ?

<b>PHI</b>	Approximate location based on user input and does not represent an authoritative property location	<b>SPECIAL FLOOD HAZARD AREAS</b>	Without Base Flood Elevation (BFE) Zone A, V, APF	Cross Sections with 1% Annual Chance Water Surface Elevation
	Selected FloodMap Boundary	0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X	With BFE or Depth	Coastal Transect Base Flood Elevation Line (BFE)
	Digital Data Available	Future Conditions 1% Annual Chance Flood Hazard Zone X	Regulatory Floodway Zone AE, AO, AH, VE, AR	Limit of Study
	No Digital Data Available	Area with Reduced Flood Risk due to Levee. See Notes. Zone X		Jurisdiction Boundary
	Unmapped	Area with Flood Risk due to Levee Zone D		Coastal Transect Baseline
<b>MAP PANELS</b>	No SCREEN	<b>OTHER AREAS OF FLOOD HAZARD</b>		Profile Baseline
	Area of Minimal Flood Hazard Zone X	Area with Flood Risk due to Levee Zone D		Hydrographic Feature
	Effective LOMRs			<b>GENERAL STRUCTURES</b>
	Area of Undetermined Flood Hazard Zone D			Channel, Culvert, or Storm Sewer
	Otherwise Protected Area			Levee, Dike, or Floodwall
<b>OTHER AREAS</b>	Coastal Barrier Resource System Area			



# Flood & Evacuation Zone Continued...

## NYC Hurricane Evacuation Zone Finder

Evacuation Centers	Legend
<p>Use the NYC Hurricane Evacuation Zone Finder to find out if your address is in a hurricane evacuation zone. The best way to be prepared for the possibility of a hurricane evacuation is to know your evacuation zone, and plan your destination and travel routes ahead of time. Zones are color-coded and labeled 1, 2, 3, 4, 5, and 6 when represented on a map.</p> <p>Information on evacuation centers is subject to change. Please revisit this site for updated reports on building status and wheelchair accessibility features.</p>	<ul style="list-style-type: none"> <li> Accessible Evacuation Center</li> <li> Evacuation Center</li> <li> Zone 1</li> <li> Zone 2</li> <li> Zone 3</li> <li> Zone 4</li> <li> Zone 5</li> <li> Zone 6</li> </ul> <p>Zone Transparency:</p> <p>45% <input type="range" value="45"/></p>
<p>Find out more about the zones and preparing for a coastal storm: <a href="#">NYC Hazards - Coastal Storms &amp; Hurricanes</a></p>	

## Client > Select Client > Medical

The Equipment added to the DME and Supplies field is included in the Active Client TAL Emergency Report. Within this field you can enter information such as electricity dependent equipment, ventilators oxygen.



Adams, Adam PN-000005-HO)

**Client**

- Overview
- Personal
- Contacts
- Medical**
- Medications
- Documents
- Directions

**Chart**

- General
- Documents
- Schedules
- Permanent
- Compliance

**Allergies**

Codeine

**DME And Supplies**

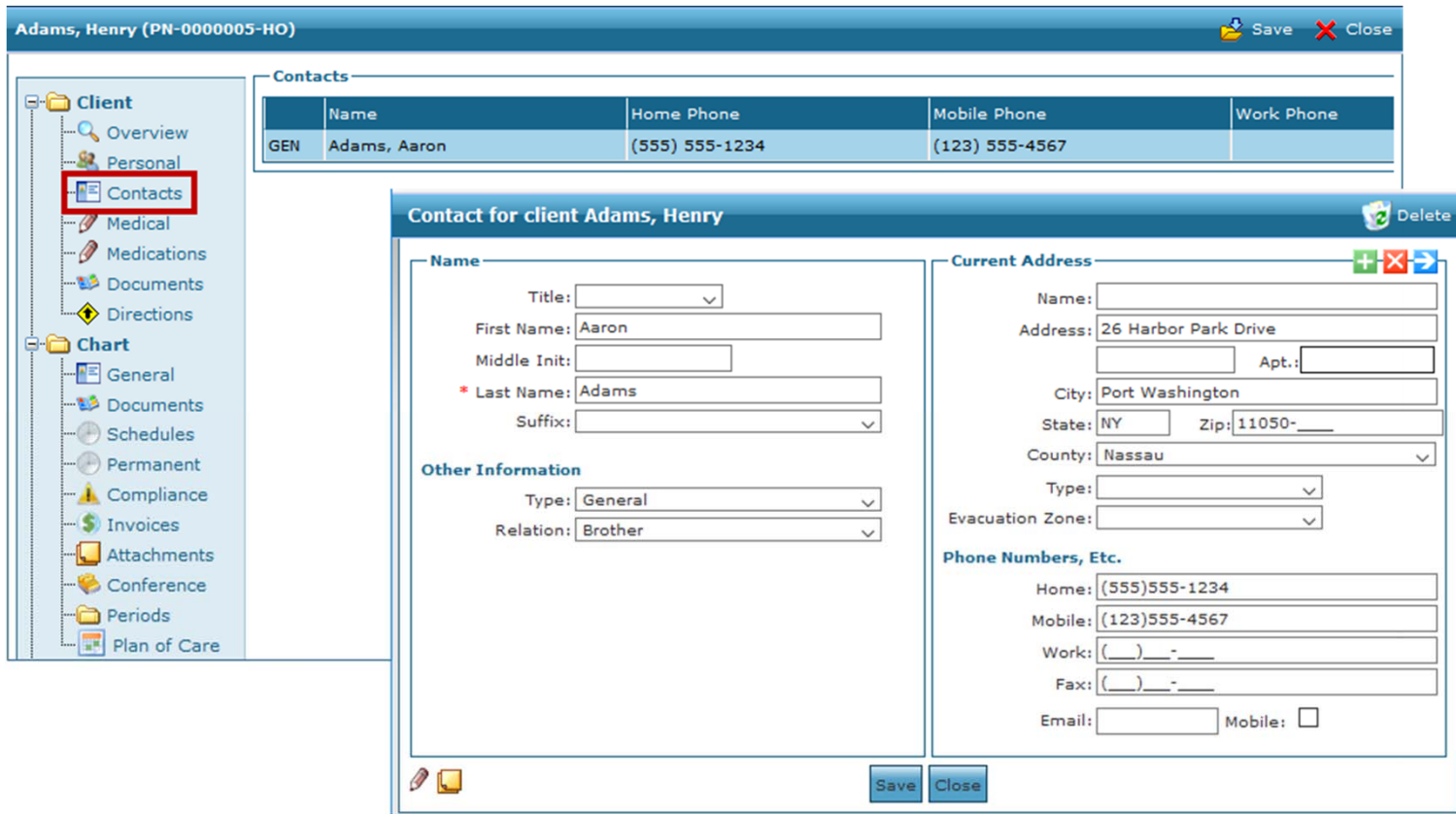
Walker, BSC, Hoyer Lift, Hospital Bed

**Nutritional Requirements**

Low Sodium, 2000 cal ADA

Client > Select Client > Contacts

The primary emergency contact added to the Contacts screen is included in the Active Client TAL Emergency Report.



**Adams, Henry (PN-000005-HO)** Save Close

**Contacts**

	Name	Home Phone	Mobile Phone	Work Phone
GEN	Adams, Aaron	(555) 555-1234	(123) 555-4567	

**Contact for client Adams, Henry** Delete

**Name**

Title:

First Name:

Middle Init:

\* Last Name:

Suffix:

**Current Address** + X →

Name:

Address:

Apt.:

City:

State:  Zip:

County:

Type:

Evacuation Zone:

**Other Information**

Type:

Relation:

**Phone Numbers, Etc.**

Home:

Mobile:

Work:

Fax:

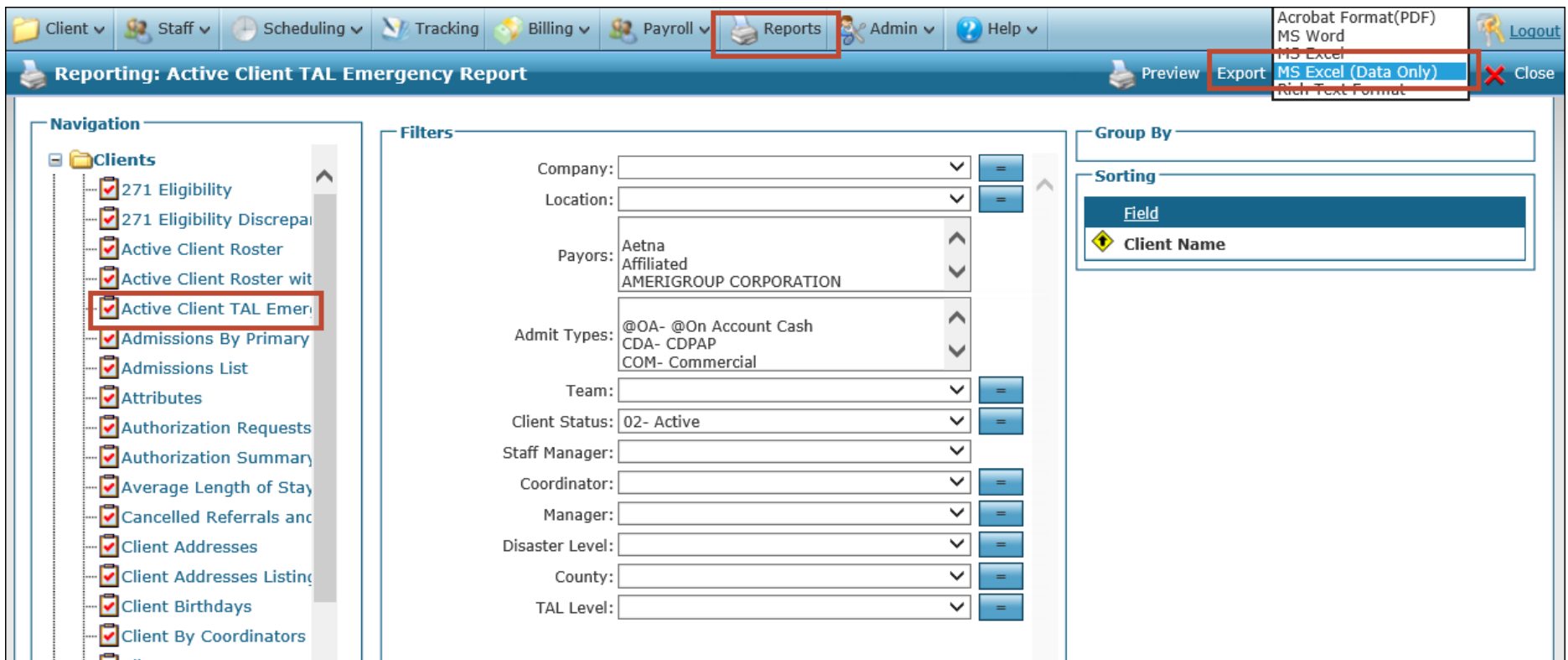
Email:  Mobile:

Save Close

# Active Client TAL Emergency Report

Reports > Active Client TAL Emergency Report

Select **MS Excel (Data Only)**, and then click on **Export**



The screenshot shows the Sandata reporting interface. At the top, there is a navigation bar with tabs for Client, Staff, Scheduling, Tracking, Billing, Payroll, Reports, Admin, and Help. The Reports tab is selected and highlighted with a red box. Below the navigation bar, the main title is "Reporting: Active Client TAL Emergency Report". To the right of the title, there are buttons for "Preview", "Export", and "Close". The "Export" button is highlighted with a red box, and a dropdown menu is open, showing options: "Acrobat Format(PDF)", "MS Word", "MS Excel", "MS Excel (Data Only)", and "Rich Text Format". The "MS Excel (Data Only)" option is highlighted with a red box. On the left side, there is a "Navigation" pane with a tree view of reports. The "Active Client TAL Emergency Report" is selected and highlighted with a red box. In the center, there is a "Filters" section with various dropdown menus and checkboxes for filtering the report data. On the right side, there is a "Group By" and "Sorting" section. The "Sorting" section is expanded, showing a list of fields with "Client Name" selected and highlighted with a red box.



# Active Client TAL Emergency Report

The export includes:

- ◆ Client Demographics
- ◆ Disaster Level (Priority)
- ◆ TAL Level and Date
- ◆ Equipment
- ◆ Evacuation Flood Zone
- ◆ Services Provided
- ◆ Address & County (Borough)
- ◆ Payor Information
- ◆ Emergency Contact Information

	A	B	C	D	E	F	G	H	I	J	K
1	Active Client TAL Emergency Report										
2	Date:	5/10/2019									
3	Client	Chart ID	Customer ID	DOB	Medicaid ID	DisasterLevel	TAL Level	TAL Level Last Update	DNR	Equipment	Evacuation Flood Zone
4	Adams, Adams	PN0000005-HO	325659878D	08/18/1938	AA1111111A	03 - Critical	1A - TAL-1 Non-ambulatory - Stretcher	5/10/2019	02 - No	BSC, Hoyer Lift, Oxygen	AE - FEMA zone AE
5	Doe, Jane	NA99987654-CDA	MG9295s	11/25/1940	BB123456B	02 - Moderate	1 - TAL-1 Non-ambulatory	2/1/2016	01 - Yes	Hoyer Lift	0 - No Zone
6	Jefferson, Jeff	PN0000015-COM	236251412B	11/05/1954		01 - Safe	3 - TAL 3 Ambulatory	4/23/2016		Cane	3 - NYC Zone 3
7	Smith, Sara	PN0000111-GLN	GNT23144		CC222222C		2 - TAL 2 Wheelchair	3/14/2019	01 - Yes	Wheelchair	5 - NYC Zone 5
8	Smith, Susan	PT0000088-PP	5645634534			01 - Safe					X - FEMA zone X

	L	M	N	O	P	Q	R	S	T	U	V
	Services Provided	Address 1	Address 2	City/Town	County/Borough	ZIP Code	Payor	Client Phone Number	Emergency Contact Name	Emergency Relationship	Emergency Number
	HHA*SN	155 Continental Ave		East Northport	Suffolk	11731	Medicare MCO	7578502365			
	HHA	867 Madison St.	2D	Hicksville	Nassau	11801	Medicaid	5555552992	Aaron, Jenny	Daughter	5555555554
	PCW	365 Fox Hill Rd.		Hampton	Hampton City	23669	BCBS	7578512548			
	PC						Aetna		Smith, John	Nephew	
	HHA	26 Harbor Park Drive		Port Washington	Nassau	11050	Private	7572645789	Smith, John	Nephew	



# DOH STATISTICAL REPORT WORKFLOW

- ◆ **Who:** New York State Department of Health (NYS DOH)
- ◆ **What:** Annual Reporting of:
  - Patient
  - Services
  - Workforce information
  - Billing
  - Cost Information.
- ◆ **When:** Typically this is completed in the fall for the previous year's cases.
- ◆ **Why:** Starting last year, this was a requirement for your agency's LHCSA certification



# New York State Department of Health (NYS DOH) Statistical Report Workflow - Santrax Agency Management

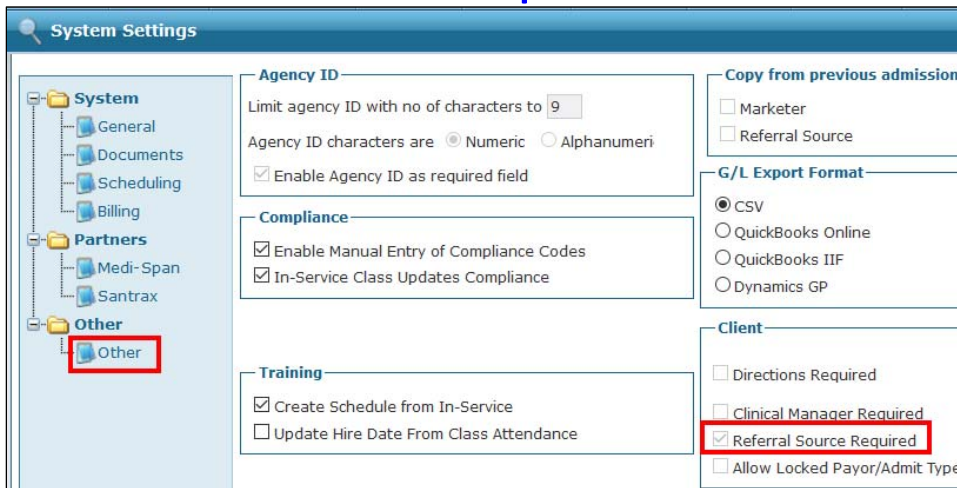
One-Time Setup	<div data-bbox="304 300 1501 649"><h3>Value Item Codes</h3><p>Admin &gt; System Setup &gt; Value Item:</p><ul style="list-style-type: none"><li>• General &gt; Referral Type &gt; <b>Third Party Referral Mapping</b></li><li>• Chart &gt; Reason: 04 Discharged &gt; <b>Third Party Discharge Mapping</b></li><li>• Billing &gt; Revenue Source &gt; Enter <b>Contract &amp; Direct</b></li><li>• Scheduling &gt; Event Codes &gt; Enable "L-Livein" in the Special column as needed</li></ul><p><i>*Best Practice: Admin &gt; System Settings &gt; Other &gt; <b>Referral Source Required</b></i></p></div>
Ongoing Setup	<div data-bbox="304 706 987 998"><h3>Payor &amp; Service Mapping</h3><ul style="list-style-type: none"><li>• Billing &gt; Payor &gt; Select a Payor &gt; <b>Revenue Source</b></li><li>• Admin &gt; System Setup &gt; Services &gt; Select a Service &gt; <b>Third Party Service</b></li></ul><p><i>Update preexisting and new Payors &amp; Services</i></p></div> <div data-bbox="1113 682 1942 1047"><h3>Client Mapping</h3><p>Clients &gt; Select Client &gt; General</p><ul style="list-style-type: none"><li>• General &gt; Select a <b>Referral Source</b></li></ul><p><i>*Note: Add Referral Types through the Referral Source library and when adding new Referral Sources</i></p><ul style="list-style-type: none"><li>• Personal &gt; Enter Date of Birth &amp; Gender</li><li>• When Discharging: General &gt; Admission Status &gt; Discharge &gt; <b>Reason for Change</b></li></ul></div>
DOH Reporting Request Released	<div data-bbox="304 1112 829 1356"><h3>DOH Statistical Report</h3><p>Review the report through NYS Health Commerce System (HCS) &amp; <u>notify Sandata of any changes</u></p></div> <div data-bbox="882 1136 1323 1315"><h3>Preview Santrax Agency Management Reports</h3></div> <div data-bbox="1459 1112 1942 1356"><h3>Review Reports Detail</h3><p>Are there any missing data points due to incomplete setup? <u>Review Steps Above</u></p></div>

**Submit the NYS DOH Statistical Report through the NYS Health Commerce System (HCS)**

# Suggested System Requirement Settings

Admin > System Settings > Other > Referral Source Required

Billing > Payor > DOB Required



**System Settings**

- System**
  - General
  - Documents
  - Scheduling
  - Billing
- Partners**
  - Medi-Span
  - Santrax
- Other**
  - Other**

**Agency ID**

Limit agency ID with no of characters to

Agency ID characters are  Numeric  Alphanumeri

Enable Agency ID as required field

**Compliance**

Enable Manual Entry of Compliance Codes

In-Service Class Updates Compliance

**Training**

Create Schedule from In-Service

Update Hire Date From Class Attendance

**Copy from previous admission**

Marketer

Referral Source

**G/L Export Format**

CSV

QuickBooks Online

QuickBooks IIF

Dynamics GP

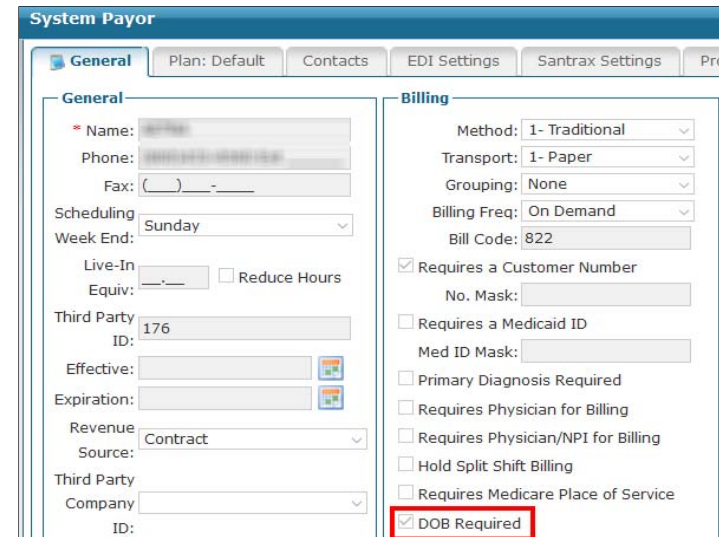
**Client**

Directions Required

Clinical Manager Required

Referral Source Required

Allow Locked Payor/Admit Type



**System Payor**

Plan: Default | Contacts | EDI Settings | Santrax Settings | Pro

**General**

\* Name:

Phone:

Fax:

Scheduling Week End:

Live-In Equiv:   Reduce Hours

Third Party ID:

Effective:

Expiration:

Revenue Source:

Third Party Company:

ID:

**Billing**

Method:

Transport:

Grouping:

Billing Freq:

Bill Code:

Requires a Customer Number

No. Mask:

Requires a Medicaid ID

Med ID Mask:

Primary Diagnosis Required

Requires Physician for Billing

Requires Physician/NPI for Billing

Hold Split Shift Billing

Requires Medicare Place of Service

DOB Required

Admin > System Setup > Value Items > Scheduling > Event Codes > Special > Select "L – Livein" on Live In Event Codes

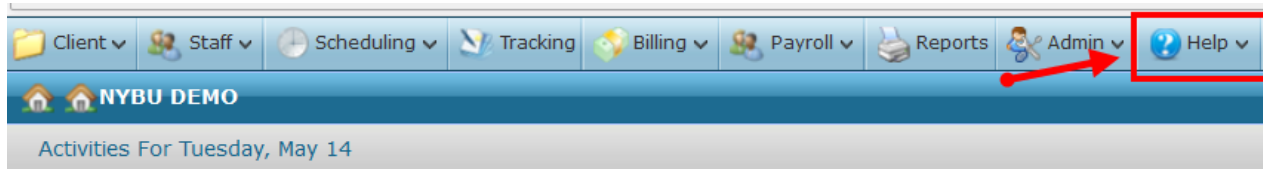


Value	Name	Billable	Payable	Pay Code	Adj/Ded	Special	Options	Dept Code	Default	Active
CAR	Car Fare	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	C- Car Fare	Overtime		<input type="checkbox"/>	<input checked="" type="checkbox"/>
DEF	DEF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>		Overtime		<input type="checkbox"/>	<input checked="" type="checkbox"/>
EH	HHA Enhance Hourly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>		Overtime		<input type="checkbox"/>	<input checked="" type="checkbox"/>
HC	Cluster (Hourly)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>		Overtime		<input type="checkbox"/>	<input checked="" type="checkbox"/>
HHR	HHA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>		Overtime		<input type="checkbox"/>	<input checked="" type="checkbox"/>
HR	HR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>		Overtime		<input type="checkbox"/>	<input checked="" type="checkbox"/>
IS	Inservice	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IS	<input type="checkbox"/>		Overtime		<input type="checkbox"/>	<input checked="" type="checkbox"/>
LI	LI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	L- Livein	Overtime		<input type="checkbox"/>	<input checked="" type="checkbox"/>

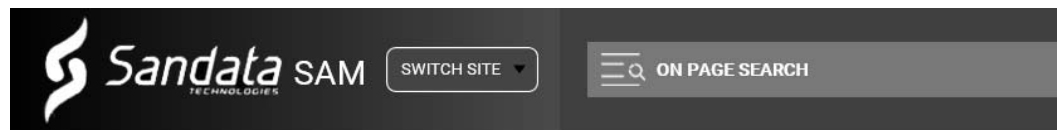


# DOCUMENTATION LIBRARIES

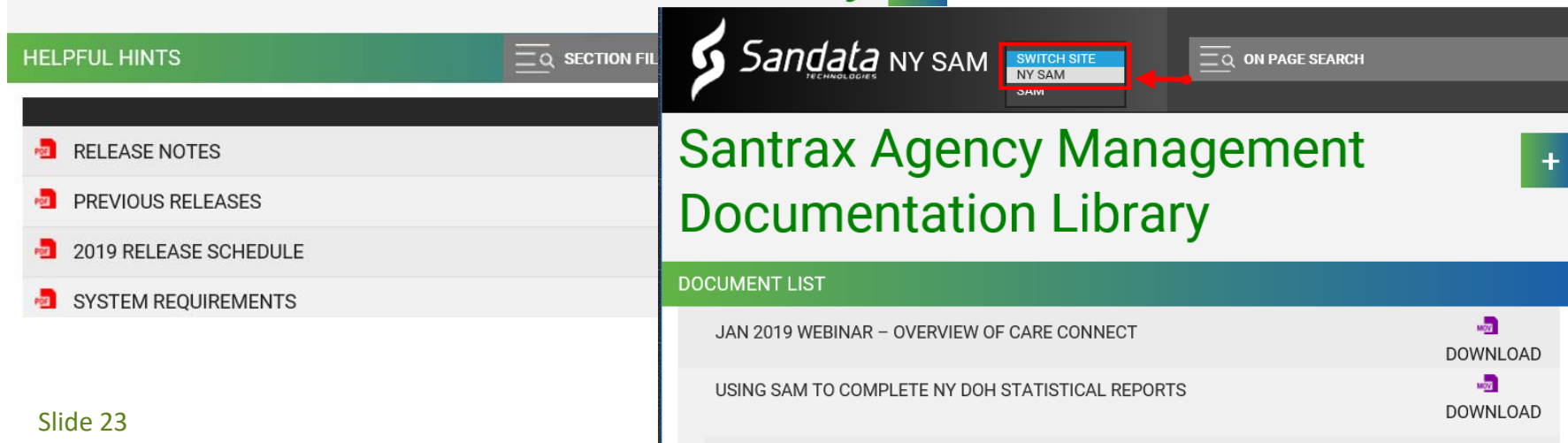
- ◆ Universal Documentation Library - Click on the **Help** button or view the link: <http://webtraining.sandata.com/sam/>



- ◆ NY Documentation Library - Select **NY SAM** from the **Site** drop-down



## Universal Documentation Library +



HELPFUL HINTS

- RELEASE NOTES
- PREVIOUS RELEASES
- 2019 RELEASE SCHEDULE
- SYSTEM REQUIREMENTS

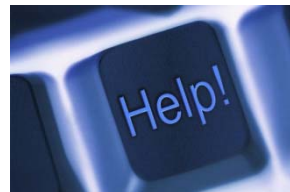
**Santrax Agency Management Documentation Library** +

DOCUMENT LIST

JAN 2019 WEBINAR – OVERVIEW OF CARE CONNECT	DOWNLOAD
USING SAM TO COMPLETE NY DOH STATISTICAL REPORTS	DOWNLOAD

# THANK YOU FOR YOUR TIME!

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Your feedback is important to us.