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Executive Deputy Commissioner

October 17, 2017

DAL: DHCBS 17-04
SUBJECT: Emergency Response Drill

Dear Administrator:

The Division of Home and Community Based Services (DHCBS) will conduct an emergency response drill starting on November 6, 2017 and ending on November 8, 2017. All Certified Home Health Agencies (CHHAs), Long Term Home Health Care Programs (LTHHCPs), Hospices, and Licensed Home Care Services Agencies (LHCSAs) are required to participate in this drill. Failure to participate will result in a deficiency citation and possible enforcement action. The purpose of the drill is to simulate an emergency event, serving the following purposes:

- To allow providers to implement all aspects of their emergency preparedness plan, document participation and activities conducted, and to evaluate their plan's effectiveness, and for federal providers to execute the required After Action Report;

- To allow providers the opportunity to contact their community partners and test their communication plan/systems. When contacting community partners, the agency should clearly state, "This is an exercise.";

- To familiarize providers with the communication methods and information needed by the Department during and after an emergency event which will help agencies develop systems to enable quick access to this information;

- To familiarize providers with the revised survey tool used to collect information - the Health Electronic Response Data System (HERDS) Home Care Emergency Response Survey;

- To allow the Department to test the communication and data collection systems prior to a real emergency event.

The Health Commerce System (HCS) is the primary means of communication between providers and the Department during emergencies as well as for normal operational issues. All communications between the Department and providers for this drill and during a real emergency will be done via the HCS Integrated Health Alert Notification System (IHANS). You will receive notification of the drill and what the nature of the drill will be on November 6, 2017 via IHANS.

To reiterate, participation in the Emergency Drill is **required**. Participation in the Emergency Drill will be monitored by DOH Staff. Non-compliant agencies will receive a deficiency citation and possible enforcement action.

Thank you in advance for your cooperation and participation in this Emergency Response drill. If you have questions about this Emergency Drill, or the HERDS Emergency Response survey, please contact: HCEmergency@health.ny.gov.

Sincerely,

Rebecca Fuller Gray, Director
Division of Home and Community Based Services

1. Navigating to the Survey Forms

- **Log on to Health Commerce System (HCS)**

Use your user name and password.

- **Go to the HERDS Application**

If you have the HERDS application in your applications, choose it from your my applications list.

Welcome

| Search | Q |

My Applications

Acronyms & Abbreviations	
CART	
Coord Account Tools - LHD	ⓘ
Coord Account Tools - PCC	ⓘ
County Survey	ⓘ
Electronic Plan Of Correction	ⓘ
Emergency Contacts	
Form Builder	ⓘ
HCBC	ⓘ
Health Facilites Info Sys HFIS	ⓘ
HEC Application	ⓘ
HERDS	ⓘ
Home Care Registry	ⓘ
IHANS (Notification System)	ⓘ
List Creation Utility	ⓘ
Lotus Quickr	ⓘ
Move development to test	ⓘ
Move test to production	ⓘ
NH Surveillance	ⓘ
OPCHSM Commerce	ⓘ

To put the HERDS application into your my applications list:

- **Go to My Content**
  - **Choose 'All Applications'**

- **Click on Letter H**
- **Click on HERDS for Hospitals (Health Electronic Response Data System) or Home and Community Based Care (HERDS).** (Either one of these will take you to the HERDS application.)
- **Click the plus sign in the green circle in the Add/Remove column.**

- **Activity Selection (*=Required Field)**

You will be told the name of the activity to select for your survey.

Your required Activity may appear on your To Do list.

If the activity is not on your to do list,

- **Click the data entry tab and select your activity**.

Select your activity from the drop down list.

- **Form Selection (*=Required Field)**
  - **Choose your organization's name from the drop down box.**
  - **Choose a form to make entries into. (Many activities have multiple forms).**
- **Choose your Data Entity type:**

  Home Health Agency = Certified Home Health Care Agencies and Long Term Home Health Care

  Hospice = Hospice

  LHCSA = Licensed Home Care Service Agencies

- **Choose your Data Entity Name**
- **Choose a Time Period (if required).**

Some surveys have forms that are recurring forms. Recurring Forms will need to be filled out more than once on the days instructed (i.e. Daily for a 5 day period).

Data Entry

Activity: *	Test ▼
Organization: *	Z TEST CHHA (8888) ▼
	+ Show Organization Info
Form: *	HC ▼
Data Entity Type: *	Home Health Agency ▼
Data Entity Name: *	Z TEST CHHA (8888) ▼
	+ Show Facility Info
Time Period: *	Please Select Time Period ▼

2. Entering Data Into a Form

- **Form Information**

Form Information

Navigational Style: Scroll ▾		✳ Required Field ✓ Data Saved to Work Area ✅ Data Submitted to DOH
		⬅ Current Field/Selection ⑦ Field Information Ⓡ Field with Rules ⚠ Warning ❗ Error

✳ Required Field Questions with a red asterisk are required fields and cannot be left blank. If it is a required numeric field and you have no data to enter, please enter a zero (0).

✓ Data Saved to Work Area Questions with a yellow check mark are fields that had data entered in them, and were saved when the user clicked the "**Save All**" button, but not yet submitted to DOH.

✅ Data Submitted to DOH Questions with a check mark in a green dot are fields that had data entered in them, and were saved when the user clicked the "Save All" button, and were submitted to DOH when the user clicked the "**Review and Submit Button**" and clicked the **"Submit to DOH"** button.

⬅ Current Field/Selection The red arrow highlights a selected field. For example, if the user has clicked the "**Review and Submit**" Button and goes to the Review Screen, and they click on any of the questions on the review screen they will go back to the survey and that question will have the red arrow next to it.

⑦ Field Information The question mark in a circle indicates there is additional information available. If the survey has additional instructions or information attached to a field, this information can be seen by clicking on the Field Information icon.

Ⓡ Field with Rules The R in a circle indicates that there is a rule attached to this field.   An example of a rule would be *"the amount indicated in question 4 must be equal to the sum of the amounts in questions 1, 2, and 3"*. Click on the Field with Rules icon to identify the rule for the field.

⚠ Warning The exclamation point in a yellow triangle is a warning of an action that must be taken. An example of a warning is:

⚠Once finalized, please remember to submit your data by clicking the Review & Submit button and then the Submit Data to DOH button.

❗ Error An exclamation point in a red circle indicates that there is an error in the data entered. An example of an error is:

❗ You have 1 error below. Review and make changes.

- **Data Entry**

Answer all questions that are applicable to your organization. Some boxes may require text, and some may require numbers. Required Fields (*) must have an entry. You can click Save All at any time to save work that has been entered. If you click the **Reset Button,** the survey data will go back to the last saved version of the form.
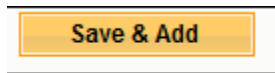

- **Repeating Sections**

Repeating sections give the user the ability to answer the same set of questions more than once. To open the Repeating Section:

- **Click Save and Add Button**
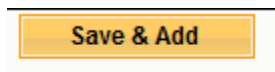
When you have entered your first set of data, click the **Save and Add** button again to save your entry and to receive a new set of blank fields.

- **Click Save and Add Button**

When you have entered your final set of data into the fields of the repeating section, click the **Save All** button on the bottom blue tool bar, or the top blue tool bar.

- **Click Save All**

The data will be saved, and you will not receive a new set of fields in the repeating section. If you accidentally add too many sections, or simply want to get rid of a particular section, open that section and click Delete.
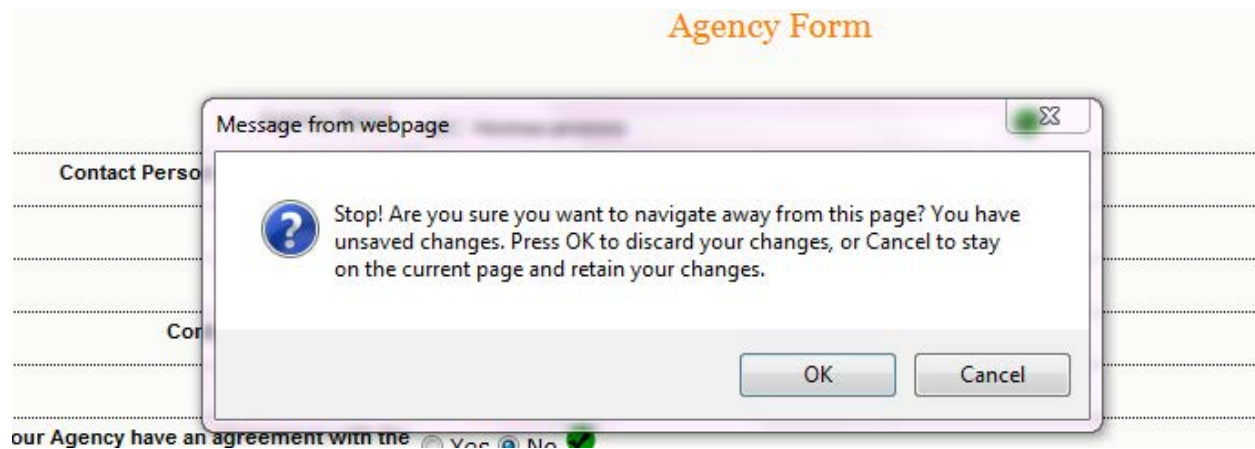
3. <u>Submitting the Forms</u>

Once all of your data has been entered for the entire form, be sure to save the information

- **Click Save All**

IMPORTANT!!!   Do not click "**Review and Submit**" unless you have clicked "**Save All**" First.
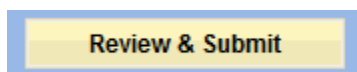

THEN

If you click "Review and Submit" before saving, you will get the following error message:

If you click OK – you will go to the Review screen, but any unsaved data will be lost.

Once the information is saved:

- **Click Review & Submit**

This will take you to the Data Review Screen.

The Data Review Screen will show all questions on the form and the values entered to answer the questions. The Data Review Screen will also show the data status (either saved or submitted), the user that made the latest entry, and the date and time of the latest entry.

If you click on a field in the Data Review Screen you will be taken back to the survey at that particular question.

On the Data Review Screen you can choose to either modify the data or submit the data to Department of Health.

If you need to change any data entered:

- **Click Modify**

This will take you back to the survey to make changes. Be sure to save any data that you modify by clicking "**Save All".**

If you are satisfied with the data entered:

- **Click Submit Data**

Note: If your data has been submitted to DOH – it can still be modified and re-submitted.